

NATURALLY OCCURRING RETIREMENT COMMUNITIES: A MODEL FOR AGING IN PLACE

HEARING

BEFORE THE

SUBCOMMITTEE ON RETIREMENT SECURITY AND
AGING

OF THE

COMMITTEE ON HEALTH, EDUCATION,
LABOR, AND PENSIONS
UNITED STATES SENATE

ONE HUNDRED NINTH CONGRESS

SECOND SESSION

ON

EXAMINING NATURALLY OCCURRING RETIREMENT COMMUNITIES AND
WHAT IMPACT THEY MAY HAVE ON THE ABILITY TO CREATE LIV-
ABLE COMMUNITY OPTIONS FOR ALL AMERICANS

MAY 16, 2006

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C O N T E N T S

STATEMENTS

TUESDAY, MAY 16, 2006

	Page
DeWine, Hon. Mike, Chairman, Subcommittee on Retirement Security and Aging, opening statement	1
Mikulski, Hon. Barbara A., a U.S. Senator from the State of Maryland, opening statement	2
Ginzler, Elinor, Director of Livable Communities, AARP, Washington, DC; and Fredda Vladeck, Director, Aging in Place Initiative, United Hospital Fund, New York, New York	4
Prepared statement of Fredda Vladeck	7
Clinton, Hon. Hillary Rodham, a U.S. Senator from the State of New York, opening statement	12
Prepared statement	15
Keller, Joyce Garver, Executive Director, Ohio Jewish Communities, Columbus, Ohio; Ann Sutton Burke, Program Director of Options Cincinnati, Senior Adult Services, Cincinnati Jewish Family Services, Cincinnati, Ohio; Julia Pierson, Director of Senior Home Services, Senior Friendly Neighborhoods/CHAI, Baltimore, Maryland; and Beth Shapiro, Manager, Community Partners, Jewish Federation of Greater Washington, Rockville, Maryland	18
Prepared statements of:	
Ann Sutton Burke	23
Julia Pierson	27
Beth Shapiro	34
Letter to Senator DeWine from Ann Sutton Burke	25

NATURALLY OCCURRING RETIREMENT COMMUNITIES: A MODEL FOR AGING IN PLACE

TUESDAY, MAY 16, 2006

U.S. SENATE,
SUBCOMMITTEE ON RETIREMENT SECURITY AND AGING,
COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS,
Washington, DC.

The subcommittee met, pursuant to notice, at 10:39 a.m., in room SD-430, Dirksen Senate Office Building, Hon. Mike DeWine (chairman of the subcommittee) presiding.

Present: Senators DeWine, Mikulski, and Clinton.

OPENING STATEMENT OF SENATOR DEWINE

Senator DEWINE. Good morning. We apologize for being late. The Senate had a vote that was originally scheduled at 10 o'clock. Then it was scheduled at 10:15. Then it was scheduled at 10:20 and so here we are.

We welcome all of you to the Subcommittee on Retirement Security and Aging's first hearing on the topic of naturally occurring retirement communities.

Let me thank Senator Mikulski. She will be here in just a moment. Barbara and I just voted on the floor. I know that NORCs are of great interest to her and I have had many discussions with Senator Mikulski about this topic.

They are a growing phenomenon really in the always evolving aging network. Older Americans are an important and rapidly growing segment of our population, so the issue of aging in place, in the home, becomes even more important.

We know that over 36 million people living in the United States are over the age of 65, accounting for about 12 percent of the current population. The Census Bureau projects that 45 years from now people 65 and older will number nearly 90 million in the United States and comprise about 21 percent of the population.

As Senator Mikulski and I work on the reauthorization of the Older Americans Act, we are continually reminded of the needs of the aging baby boomer population. We know that our current infrastructure will not be able to handle the magnitude of this growing population. That is why we need to look to new models which will allow older persons to thrive while remaining in their own homes.

There are real, important issues that come with the aging of a population. We are all aware of the needs of older Americans, which includes adequate nutrition, medications, accessibility of doctors, transportation to those appointments, opportunities to take

part in social activities, the ability to care for themselves and, if they cannot, the ability to have someone help them care for themselves.

Naturally occurring retirement communities occur across our Nation and can be excellent models for aging in place. As people age together, it makes sense to provide services to help them remain in their homes for many reasons, the most important being that they usually want to remain in their own homes. Also, this arrangement is better because it is cost-effective and minimizes the disruption in their lives. We can all understand how an older person would want to remain in his or her home for as long as possible. Family members cannot always be there to make sure that you are taking your medication or have a nutritious meal, but the supportive services offered in many NORCs can do just that.

I look forward to our testimony today and I want to thank those of you who have arrived from out of town, including two witnesses from Ohio who will be on our second panel.

Let me now turn to Senator Mikulski for any opening comments that she would like to make.

OPENING STATEMENT OF SENATOR MIKULSKI

Senator MIKULSKI. Thank you very much, Mr. Chairman, for convening this very important hearing on something called NORCs, the naturally occurring retirement communities.

I have really been excited about this hearing and I have been excited over the fact that since 2001 we have been really funding local social demonstration projects to see what are the best ideas and the best practices to help people who are aging in place. This hearing, I think, will tell us then what is it that we have learned? What can we do to be both socially responsible in this area, fiscally responsible? Do we need a national program? Or should we keep on doing it the way we are doing it and leave it to local flexibility and initiative?

These programs have been very important in helping people remain in their own communities, the community of a lifetime, to remain in a community where they feel part of an extended family offering the very important service and social infrastructure needed.

I first learned of NORCs when I was either the Chair or the Ranking Member of the VA HUD Appropriations Committee.

Through HUD, we heard about in our housing programs in both Baltimore and in the Washington suburbs sponsored by the United Jewish Communities, whether it was the Associated Jewish Charities in Baltimore or the Federated, about this compelling human need, people aging in place, people living in the same ZIP code.

But it is not so much where they live. It is how they live. And because they were part of a community, they wanted to stay part of that community, close to family, close to doctors, close to friends. And therefore, while they had their social and medical network, what they needed was a social infrastructure to support that.

That is what the NORCs did, but before I get into some national program and let us spend a lot of money, I knew that by turning to the UJC—in my case the Associated and the Federation—this would be a way of coming up with what really works, what really

helps people, and how can we do it in the most cost-effective kind of way.

We knew that through turning to the considerable expertise, and I know that there are over 22 projects that are going on.

Senator DeWine, my very able colleague, is outlined what are NORCs and I will not go into that, and why there are these supportive models around social work, services, health, transportation, and access to health as well as those other social issues.

For me, it has been about what I have seen in Baltimore. Run by the Baltimore Associated Jewish Community, we served over 1,500 seniors in 22 apartment buildings but all are almost contiguous to each other, and have been able to provide core services from information and referral, health services and important transportation. Baltimore focuses on a warm house concept and we are going to be hearing about how a warm heart got translated into a warm house concept and what this means.

Also, then, when we look to Silver Spring/Rockville they were again serving 800 seniors, helping them with their doctor's appointment, the shopping. And again, that was in, I think, about all 11 apartment buildings.

But again, it is not about buildings and programs. It is about people. Because of this intervention, people were better off. They were in compliance for their medical appointments, very important to remaining independent. They were able to maintain that access to friends and to family, very important, because there is more than one way to help a heart to stay well.

And number three, they could do it knowing that they were not alone and that we dealt with the issues of loneliness, depression and isolation, a leading impediment to good health.

So we look forward to hearing from the people who actually did the hands-on and the helping hand and to learn from their experiences.

I want to thank you for the hearing.

Senator DEWINE. We turn to our first panel. Elinor Ginzler is our first witness. She is the Director of Liveable Communities in the Office of Social Impact at AARP. She is responsible for the development of strategic plans to achieve social impact goals for AARP in the areas of mobility and housing.

Since joining AARP in 1998, Ms. Ginzler has been instrumental in overseeing programmatic work in these areas. She has over 20 years experience in service delivery systems to the elderly and worked collaboratively with public, private, nonprofit, and community-based organizations. She is also an expert in long-term care issues and served on several boards and task forces.

She also co-authored the book *Caring For Your Parents: The Complete AARP Guide*.

Our second witness will be Fredda Vladeck, who is the Director of the United Hospital Fund's Aging in Place Initiative. This initiative works to further the development of new service delivery models that address the critical issues presented by the growing number of people who are aging in place.

She has been a certified social worker for almost 30 years and an advocate for the needs of older people and other vulnerable populations. She was the founding Director of the first comprehensive

NORC Supportive Service Program at Penn South and has worked with others to replicate the program. There are now 33 such programs in New York City.

Let me now turn to Ms. Ginzler. Thank you very much for joining us.

STATEMENTS OF ELINOR GINZLER, DIRECTOR OF LIVABLE COMMUNITIES, AARP, WASHINGTON, DC.; AND FREDDA VLADECK, DIRECTOR, AGING IN PLACE INITIATIVE, UNITED HOSPITAL FUND, NEW YORK, NEW YORK

Ms. GINZLER. Good morning, Chairman DeWine and Ranking Member Mikulski.

I am Elinor Ginzler, AARP's Director for Liveable Communities in the Office of Social Impact.

On behalf of AARP, I thank you for the opportunity to discuss AARP's views regarding aging in place and what impact naturally occurring retirement communities may have on our own ability to create livable community options for the 50-plus population and all Americans.

In AARP's landmark 2005 study, A Report to the Nation on Livable Communities: Creating Environments for Successful Aging, we define livable communities as having affordable and appropriate housing, supportive community features and services, and adequate mobility options, which together facilitate personal independence and the engagement of residents in civic and social life.

Naturally occurring retirement communities were generally built many decades ago and originally served a mix of ages. Over time longtime residents grew older, fewer young families moved in. And except for age composition, there are few other defining characteristics of NORCs. They are frequently urban but they are also found in the suburbs. Many rural areas also have NORCs as younger residents have moved away for job opportunities and older residents have stayed.

We know from AARP surveys that the vast majority of older adults want to stay in their homes and their communities. According to AARP's 2005 State of 50-plus America Survey, 89 percent of those polled reported that they want to stay in their current residence for as long as possible and 85 percent want to stay in their community for as long as possible.

And we also know, from Census data, that their behavior matches their words. Older persons move much less frequently than younger people. Only about 5 percent of people over age 55 move in any given year, and about half of those move within the same county.

AARP believes people should be able to age with independence, choice and control, and the ability to stay in their communities helps them do just that. NORCs offer a unique opportunity to develop service delivery methods that take advantage of efficiencies of scale. That is, providing services where concentrations of seniors are aging in place may make it possible to serve more older individuals at a lower cost, enhancing their ability to stay in their homes and avoiding expensive institutionalization.

Also of interest, as a complement to supportive services, are programs that assist residents with maintaining the housing stock, in-

cluding reauthorization and home repair. Preservation of this housing stock not only benefits current owners but helps assure a high-quality supply of housing for future residents.

Understanding NORCs and the value of providing supportive services can help public and private policymakers plan more livable communities. When it comes to livability, most of our communities are now playing a frantic game of catch up and many others do not even realize what lies ahead.

Expanding research on seniors living in NORCs should provide a broader picture of the significant contributions seniors make in their communities as volunteers, community leaders, mentors and teachers, and help demonstrate the many ways that intergenerational living enhances the community as a whole.

Because NORC residents represent many types of people, research on NORCs should provide a more accurate picture of the status of healthy active seniors. This data could provide a valuable counterpoint to much of the current research which often focuses on the frail and homebound elders. The challenge then is to create livable communities with appropriate and affordable housing, adequate options for mobility, and the community features and services that can facilitate personal independence and continued engagement in civic and social life. The community-based services and NORC-related research grants funded by the Older Americans Act are critical to making this happen.

But while increased resources are needed to explore the potential of NORCs and to better serve their residents, along with all older Americans, more money is not enough, and enough money is not likely to be made available in the current budgetary climate.

In this light, AARP believes the enactment of S. 705, the Meeting the Housing and Service Needs of Seniors Act of 2005 is essential. As proposed, S. 705 would establish a Federal interagency council to not only coordinate service delivery but also monitor, evaluate and recommend improvements in existing programs and services that assist seniors in meeting their housing and service needs at the Federal, State and local level.

We note for the record that the Senate passed this legislation by unanimous consent last November and we encourage you both to do all you can to encourage House passage before the end of this Congress.

In sum, AARP applauds the Chairman and Ranking Member for their leadership regarding NORCs, as well as many other health, economic security and livable communities issues. We look forward to continuing to work together with you to ensure a healthy, secure and independent future for America's older population.

Senator DEWINE. Ms. Ginzler, thank you very much.

Mrs. Vladeck.

Mrs. VLADECK. Thank you, Mr. Chairman, Senator Clinton, Senator Mikulski. My name is Fredda Vladeck and I am the Director of the Aging in Place Initiative at the United Hospital Fund of New York.

In 2005, there were more than 80 NORC supportive service contracts supported by funding. This is definitely a growing phenomenon. Approximately 43 contracts in 25 states were the result of congressional earmarks. And we are fortunate in New York to

have a critical mass of program experience in both the housing-based model and the neighborhood-based model approach as a result of deliberate legislation and financing now at \$10 million enacted by both the city and the State. More than 50,000 older adults live in multi-age communities served by New York's 43 NORC programs.

I would like to emphasize three things that underlay the NORC supportive service program approach, distinguish them from other senior services, and make them a particularly important avenue of needed change to our system of service.

The ultimate goal of NORC programs is, as we have said, to help transform communities into good places to grow old. Communities that support healthy, productive, successful aging and respond with calibrated supports as individual needs change. This means building these programs from the ground up so they are integral to the community and reflect not only the needs of residence which evolve over time but also their aspirations.

Second, unlike many existing programs and services, eligibility for NORC program participation is on the basis of residential status, not on functional deficits or economic need. We know how to target a specific service to someone with a specific problem. I call it the one hip fracture at a time approach.

But we are less good at shoring up the natural supports in a community, weaving and reweaving the social fabric or empowering older residents to take on positive roles in shaping the kind of community they think will be most supportive to them.

Given these first two principles, successful programs must be partnerships that bring together the social capital, businesses and services in a community to effectively harness and target its resources to address the physical, social, emotional, health and environmental structural challenges faced by a community as it ages in. No single provider can do it all.

In New York, these partnerships include at a minimum government, a housing entity where one exists, the residents, and health and social service providers. Often other leaders or community stakeholders are involved in the programs.

As this committee deliberates ways to address the growing phenomenon of NORCs I offer the following recommendations. The term naturally occurring retirement community needs to be clearly defined and delineated for purposes of eligibility for funding. The original definition had some key elements that spoke to a geographic coherence, multiage or age-integrated buildings or neighborhoods, a specific density of older people in the community in order to achieve economies of scale. In New York, we define it both in terms of absolute numbers and percentages.

New York State's legislation can be a starting point, but I think modifications will need to be made to reflect the density differences and types of communities found in other parts of the country.

Second, we need to be clear about the purpose of a NORC supportive service program and how it differs from existing services. NORC funding should be value-added, not used for duplicating existing services or shoring up through a different funding stream our woefully underfinanced service systems. To be sure, they need

money as well, but NORC programs are something entirely different.

Third, we need to establish a set of standards that are enforceable and that get us to our goal of building community infrastructure to support aging in place. We should expect programs to produce improvements on a range of quality of life indicators for community dwelling seniors. Such things as level of connectedness to one another and to a program; improvement in key health indicators for older people; supporting new roles for older people; and establishing strong and consistent linkages with the primary health providers in a community are some important indicators of a community's ability to support aging in place.

The Fund is working with the city of New York's Area Agency on Aging to develop a set of community health indicators for advancing healthy aging in place that will help us measure the program's impact and I would be happy to share the results once they are available.

We need to also establish and fund a national research agenda that helps us understand the overall efficacy of this approach. Some have tried to claim that NORC programs prevent nursing home placement, as if nursing homes were the opposite of community living. But given the purpose of NORC programs, I think the lens through which we need to evaluate the NORC supportive service program approach is less about long-term care and much more about long-term living.

I thank the members of this committee for the opportunity to testify and I am happy to answer any questions.

Senator DEWINE. We thank both of you very much.

[The prepared statement of Mrs. Vladeck follows:]

PREPARED STATEMENT OF FREDDA VLADECK

Mr. Chairman, members of the committee, my name is Fredda Vladeck. I am the director of the Aging in Place Initiative at the United Hospital Fund, a research, policy, and philanthropic organization focused on strategies to improve the delivery of services to vulnerable people in New York.

It is a special pleasure to be here today. I have been involved with NORCS and the development of Supportive Service Programs since 1985 when, along with UJA-Federation of New York, the residents of Penn South, and others, I developed and then directed the first NORC-Supportive Service Program (NORC-SSPs). Since then, I have been involved in the evolution of NORC-SSPs in New York State and New York City, which together provides \$8 million to support 42 public-private partnership programs in New York, with another \$2 million in the works. I've also had the pleasure of working with the Administration on Aging and the Office of the Assistant Secretary for Planning and Evaluation as efforts have been made to disseminate this approach in other communities across the country. And with the support of the Daniels, the Weinberg, and the Samuels Foundations, we at the Fund are now working with program leaders and developers in seven states to establish a NORC Action Blueprint guide that will inform the future development of successful programs.

In 2005, there were more than 80 NORC Supportive Service Programs receiving public funding. Approximately 43 programs in 25 states were the result of congressional earmarks. We are fortunate in New York to have a critical mass of program experience. There are 42 programs in New York State and New York City because beginning in 1995 and 1999, respectively, they each promulgated legislation and financing to support the development of NORC-SSPs. Today, \$7.9 million in State and City tax levied dollars help support 33 classic (housing-based with a common ownership/management structure) NORC-SSPs and 9 neighborhood-based programs in communities in which more than 50,000 older adults live.

These programs reflect the city's range of low- and moderate-income housing and are located in 4 out of the 5 boroughs. Eight programs are in multi-family public

housing developments; twenty (20) are in moderate income cooperatives; three are in moderate and low-income private rental developments; and two are in neighborhoods where there is no common housing ownership. NORC programs are in communities large and small—from a single building with 259 seniors among the residents, to a housing development with 8,000 seniors in 171 different buildings spread over a vast geographic area, and now in neighborhoods that are approximately 2 square miles.

New York's NORC-SSPs are collaborative partnerships between government, housing, the residents, health care, and social service organizations. Participating organizations include 42 different housing developments, 15 different social service agencies, and 12 different healthcare organizations (including hospitals, homecare agencies, nursing homes, and an ambulatory care clinic).

These programs are true public-private financial partnerships. Five million dollars in city awards to 33 programs annually leverages another \$5 million in private support from philanthropy (\$1.5 million); housing developments (\$1 million); health provider partners (\$1.5 million in contributed nursing time); and in-kind contributions from housing entities of close to \$1 million. (A good Place To Grow Old provides a detailed description of New York City's NORC Supportive Service Programs and can be accessed at www.uhfnyc.org)

Inevitably, as models such as NORC Supportive Service Programs get broadly disseminated, underlying principles can become foggy. So in my testimony this morning, I would like to emphasize the 3 things that underlie the NORC-SSP approach, distinguish them from other senior services, and make them a particularly important avenue of needed change to our system of service to seniors.

1. The ultimate goal of NORC Supportive Service Programs is to help transform communities into good places to grow old—communities that support healthy, productive, successful aging and respond with calibrated supports as individual needs change. This means building programs from the ground up so they are integral to the community (rather than being imposed from a distant office) and reflect not only the needs of residents—which evolve over time—but also their aspirations. Successful NORC-SSPs connect to the traditional range of services, but they must also develop other kinds of supports and services in order to be responsive to changes in their communities and their residents.

2. Unlike many existing programs and services, eligibility for participation by seniors in NORC-SSPs is on the basis of residential status, not on functional deficits or economic status. We know how to target a specific service to someone with a specific problem (the one hip fracture at a time approach), but we are less good at shoring up the natural supports in a community, weaving/re-weaving the social fabric, and empowering older residents to take on positive roles in shaping the kind of community they think will be most supportive to them. In most communities in this country the older residents are a heterogeneous group, with 40 years between the oldest and the youngest and individuals experiencing oscillating, changing states of health as chronic conditions become acute and then get brought back under control. These realities necessitate a broad range of services and programming with an ability to respond flexibly to address the heterogeneity of the older population in a community.

3. Given these first two principles, successful programs must be partnerships that bring together the social capital, businesses, and services in a community to effectively harness and target its resources to address the physical, social, emotional, health, and environmental/structural challenges of a community as it ages in. No single provider can do it all. In New York, these partnerships include, at a minimum, government (the local Area Agency on Aging and the State Unit on Aging); a housing entity, where one exists; the residents; and health and social service providers. Often other leaders or community stakeholders are involved in the programs.

For a generation, we have been preoccupied with specialized facilities or housing for the elderly—but in fact most older people want to and do remain in their long-time homes in communities not built for seniors. Many of these communities have or will evolve into NORCs. As this committee deliberates on how to address the growing phenomenon of NORCs, I offer the following recommendations:

1. The term Naturally Occurring Retirement Community needs to be clearly defined and delineated for purposes of eligibility for funding. The original definition described an apartment building or buildings not built for seniors in which 50 percent of the heads of household were 60 years of age or older. Key elements of this definition are (a) geographic coherence; (b) buildings or neighborhoods that are multi-age or age integrated; (c) a specific density of older people in the community (which New York defines in both absolute numbers and percentages) to achieve economies of scale. New York State's legislation can be a starting point, but modi-

fications will need to be made to reflect the density differences and types of communities found in other parts of the country.

2. We need to be clear about the purpose of NORC-Supportive Service Programs and how they differ from existing services. NORC funding should be value added, not used for duplicating existing services or shoring up, through a different funding stream, our woefully underfinanced service systems. To be sure, some of our existing federally funded programs are in need of shoring up. But NORC-SSPs are something entirely different from what already exists.

3. We need to establish a set of standards that are enforceable and that help get us to our goal of building community infrastructure to support aging in place. We should expect NORC-SSPs to produce improvements on a range of quality of life indicators for community-dwelling seniors. Such things as level of connectedness to one another and to a program; improvement in key health indicators for older people; supporting new roles for older people as community leaders and doers; and strong and consistent linkages with the primary health providers in a community, are all important indicators of a community's ability to support aging in place.

NORC-SSP contractors ought to be able to tell us what it is they expect to accomplish each year and how they plan on getting there, and then tell us what the outcome is. (For example, working with the city of New York's Area Agency on Aging, the Fund is developing a set of community health indicators for advancing healthy aging in place that will help programs measure their impact. I'd be happy to share the results with this committee once they are available).

This is a fundamental change in the world of aging services, shifting from a units-of-service reporting system to one that is outcome-oriented. It will require new skill sets of a workforce that is by and large underpaid and undervalued.

4. We need to establish and fund a national research agenda that helps us understand the overall efficacy of this approach. Some have tried to demonstrate that NORC programs prevent nursing home placement (as if nursing homes were the opposite of community living). But, given the purpose of NORC programs, the lens through which we need to evaluate the NORC-SSP approach is less about long-term care and much more about long-term living.

I thank the members of this committee for the opportunity to testify. I'd be happy to answer any questions.

Senator DEWINE. Ms. Ginzler, you talked about the efficiency of scale. Mrs. Vladeck, you talked about the economy of scale. Would you both like to explain how that is achieved, and what kind of actual savings are we actually talking about?

Ms. GINZLER. I will go first and then let my colleague fill in the blanks.

You can easily get to an economy of scale notion when you think about the density issue that was described. You have a whole lot of older people who are in need of services in a close geographical area who do not need full-time services but need a few hours of care potentially on a daily basis.

You can provide a series—one care worker, for example, could provide a full day's worth of work literally by walking down the hall of an apartment building and providing 2 hours to the resident on one floor, 2 hours to a resident who lives a few doors down. And in that way the actual scale is reached, the individual needs of several hours, a provider can give that care in an incredibly efficient way, cutting down on travel time, cutting down on overhead costs, and really meeting the needs of the individual where they are to the degree that they need.

Mrs. VLADECK. I think that description applies both to social work services and case management services, as well as chronic care nursing services. Right now when these services are delivered in a traditional model, they are sent from a distant office. So you are really doing this one hip fracture at a time.

But I think there is another piece to it, which is that when you are onsite in a community and you are building community infra-

structure you are also looking for other resources in the community, the social capital. And it is amazing the kind of mutual support that goes on in a community that is hidden from us professionals.

And so it is a real blending of both the revenue streams as well as the social capital to really build the support systems that you need in a more cost-effective way.

Senator DEWINE. Ms. Ginzler, the NORCs that I have seen in Ohio have demonstrated that density. And you can certainly see the efficiency of scale.

But you mentioned that NORCs do occur or can occur in a rural setting. How does that work? And do you not lose that economy of scale when you get into a rural area?

Ms. GINZLER. Certainly the dynamics are different in a rural setting. I think perhaps the most important feature to think about in those cases is that these are individuals who want to stay in their community and they have lived there most of their lives, if not all of their lives. And they are, to some degree, the backbone of those community settings.

If we cannot provide them with the assistance that they need through the supportive services, they actually might be forced to leave their community and move out of that rural setting to potentially a facility in another location that would clearly be not supportive of their desire to age in place.

Senator DEWINE. Which is a very traumatic experience. I mean, they are totally gone from their community.

Ms. GINZLER. Absolutely.

Senator DEWINE. Senator Mikulski.

Senator MIKULSKI. Thank you very much.

First, Ms. Ginzler, I want to be clear when I complimented the UJC, the important role the AARP has played. The UJC has actually run some of the demonstration projects. As a social worker, I have seen more of the hands-on. But we want to thank AARP for what they have done.

And of course, Mrs. Vladeck, you are viewed as kind of the godmother of NORCs, and I think one of the original kind of social architects.

Let me go first to AARP and then to you, Mrs. Vladeck.

We have either one of three models to pursue. One, do nothing, say "okay this is great to know." No. 2, to think about a new national program. Or to do a reformist model in existing programs and an incremental approach.

You are talking, Ms. Ginzler, and I am going to ask you about reform and then also rural. You talk about S. 705 that Senator Sarbanes designed. I am a cosponsor, and it has passed. That is really an interagency coordinating model since it is no new money, no new services and so on.

One of my questions would be: Is this just a new layer of bureaucracy that will not mean a ginger snap or a glass of Ensure to helping the senior population remain independent and happy about remaining independent?

Ms. GINZLER. I do not think it is a ginger snap or a glass of Ensure. I think it is an important step. And I think the ability to coordinate, I do not think we can lose track of the importance of that

and the reality that will be able to come about with this inter-agency council that will address this whole issue of duplication of services. If people across the spectrum at the Federal, State and local levels are doing a better job of knowing what each other are doing and dividing up the work that is going to be done and the purview that is needed. I think we are going to be better able to serve our elders. It does not take the place of supportive services available.

Senator MIKULSKI. Along with kind of reforming and seeing where we go?

Ms. GINZLER. Yes.

Senator MIKULSKI. You also mentioned research and also Mrs. Vladeck mentioned it as well, and talk about how research focuses usually on the frail elderly or the homebound. Could you tell me where you think research ought to be done? In other words where, if we wanted to do that?

Ms. GINZLER. I will go so far as to say that I think what we need to be continuously doing, and I know we are doing, is researching and evaluating those models that are on the ground now and figuring out the best way to assess them.

Senator MIKULSKI. Where? Here is the question, is it at HUD? Is it at the Office of Aging at HHS? We have a National Institute of Aging at NIH. Where would you see this being done?

Ms. GINZLER. I am actually not able to give you that kind of a direction at this point. I would be delighted to go back to my office and talk to our staff and be able to contribute back to you.

Senator MIKULSKI. I think that would be good because what we are concerned about is—and each one will look at it from their perspective, as you know, and that determines the perspective of the research. But if you could ponder that, because I think we do need to know about these communities.

Another question about the rurals. When I think of rural, I think of my Eastern Shore and my Western Maryland. And it is difficult than the way I think about NORCs. In NORCs I think about my urban and my suburban concentrations of elderly. You could actually see where they lived after World War II. Often it is where they moved first-generation into the suburbs. In my own community, inner beltway communities, etc. Then they moved. They downsized. They moved into apartment houses which became senior housing by proxy.

But the rurals, my gosh, it is spread out, it is all over. How do you have a naturally occurring community when everybody lives 20 miles from each other?

Ms. GINZLER. I think this absolutely speaks to what Mrs. Vladeck was referencing when we have to look at the issue of definition and come to some kind of congruence so that either density or population or percentage, so that we can use those definitions across. Because we are a wide country and we have so many different models to draw from.

Senator MIKULSKI. But is it not true that the NORCs, as we talk about almost in the broad sense that we are using it now, are primarily an urban and suburban phenomenon?

Ms. GINZLER. I am actually not able to give you a statistical analysis if you look across all the United States.

Senator MIKULSKI. I am not asking you about statistics. I am asking about broad brush here.

Ms. GINZLER. I think most of us, and I came out of the aging service delivery system before I came to AARP, and I agree with you 100 percent. I think all of us in the aging network, when you think NORC, we often go to the apartment complex where people have stayed and they have literally aged in place.

Senator MIKULSKI. So the idea of the rural needs to be further dressed and conceptualize.

Ms. GINZLER. Absolutely. It is out of sight, out of mind.

Senator MIKULSKI. Thank you. Thank you very much. I see my little red light is on and I know it will be Senator Clinton's turn.

Mrs. Vladeck, do you think that these programs are best run by faith-based organizations and nonprofits, as compared to State or essentially the local office on aging?

Mrs. VLADECK. I think that our experience in New York is that—

Senator MIKULSKI. Faith-based or a nonprofit.

Mrs. VLADECK. These programs need to be part of the community. Faith-Based organizations are a major focus on a community. They need to reflect who that community is. Then that would make sense.

The State units on aging, the Area Agencies on Aging, in our experience, are the administrative agencies for the public dollars. And the challenge is how to integrate the services provided through those agencies with the homegrown and building from the ground up services that you need to develop in a NORC program.

Senator MIKULSKI. That is very interesting.

My last question is should there be a new national program included in the Older Americans Act? Should we continue to do this through congressionally designated mandates and get more information? And what would be the key components?

Mrs. VLADECK. I think there are those who say these are local efforts, this should be a locally driven process. But I think the issue of aging in place and NORCs is something that we are facing as a country. It looks different in different States, in different localities. But I think there needs to be some Federal policy that is driving the impetus or creating the impetus across the country to start rethinking and rebuilding communities to support aging in place and really key to NORCs in general.

So I think it is broad brush policy. How that gets interpreted at the local level is really, I think, where the challenge is going to be.

Senator MIKULSKI. Thank you, Mr. Chairman.

Senator DEWINE. Senator Clinton.

Senator CLINTON. Thank you very much, Mr. Chairman. I would ask consent to submit my entire opening statement to the record.

Senator DEWINE. Without objection.

OPENING STATEMENT OF SENATOR CLINTON

Senator CLINTON. Thank you.

I want to thank Chairman DeWine and Ranking Member Mikulski for convening this hearing. I think this is one of the most important issues that we have to confront and the Subcommittee on

Retirement Security and Aging is at the forefront of trying to help us do it.

Of course, I am very proud of the pioneering role that New York has played in developing and expanding NORCs and NORC supportive service programs. As has already been pointed out, Fredda Vladeck is the godmother of NORC-SSPs. And Mrs. Vladeck and her husband have been wonderful citizens, not only of New York but of our country with the work they have done on behalf of health care and its expansion and the coverage of the uninsured and, of course, the work about the aging.

I am also very pleased that we have with us Ron Saloway and Anita Altman from the United Jewish Appeal Federation of New York, the UJA Federation. They have made a great contribution in supporting the good work of New York's NORC supportive service programs and I wanted to thank them.

The questions that have been asked really go to the heart of the issue. We know we have got to figure out how to deal with the aging of our population as the baby boomers turn 60 this year and continue to age. The good news is it appears that people will be healthier. The not so good news is that they will be chronically ill longer. So the combination of that means that this effort to create aging in place and help to ease the cost of providing care to this growing group is absolutely essential.

That is why I do think it is critical we include language in the Older Americans Act to make NORCs a permanent part of our strategy for helping older adults age with dignity.

I think we have to have that Federal framework because, as Mrs. Vladeck said, one hip fracture at a time is just not going to be an acceptable strategy. We have to get smarter and we have to get out ahead of what is happening.

I would like to ask Mrs. Vladeck, in your testimony you mention you are currently developing a set of community health indicators for the evaluation of NORC-SSPs. Can you talk more about the status of this? I know you will share it with us as it develops. But what are you looking at? What are the indicators? What are the lines of improvement that you are trying to catalog?

Mrs. VLADECK. Drawing on much of the work done in Healthy People and the public health approach, the framework that we have devised says that in order for healthy aging or to advance healthy aging in a community, you have to have access to health care, you need to have promotion prevention and wellness, you need to address those issues. And you need to figure out what the health risks are in a community. You first have to get those baselines. And under each of those is a set of measures, indicators.

What we are trying to do is establish some baseline data in all of the programs in New York City for each of these indicators. So for example for access, everyone needs a physician, should have a primary care physician. In one of our NORC programs in public housing, when it opened its doors, only 30 percent of the residents, of the older adults, had a primary care physician. Today that number is over 90 percent.

So those are the kinds of things that we need to be looking at and we need to be looking at it across how it relates to the city as

well as nationally. Those benchmarks are around but we need to get the programs starting to work toward those benchmarks.

Senator CLINTON. I think that is very important because if we do move on this in the Older Americans Act I would hope we would have some sense of evaluative criteria, even if we are still in the process of developing them.

You know, it has only really been in recent years that the concept of neighborhood NORCs had evolved. I know we talk about it being 40 years and that is, as I get older, very young. But the questions that both Senators DeWine and Mikulski asked really go to the heart of whether this can be a national program or not because they started in areas of great density. They have grown there. And New York City is particularly conducive to aging in place. I mean, people can get around easily. They can walk places. They have access to mass transit.

So we have to think about how to create a model or several models that will take us to a point where suburbia and rural areas can also access that. And we have to think differently about it. We may need to do some demonstrations and try to figure out what works and what does not work.

I also just wanted to ask both of you, just briefly, as I end my time here, how do we think about this concept of long-term living instead of long-term care, Ms. Ginzler? I love that idea. And I think it is really important that we start re-imagining what it is we are talking about when we talk about aging.

And how would you both kind of give us advice here on this committee to sort of reconfigure our thinking, to move more toward long-term living as opposed to long-term care? Ms. Ginzler first and then Mrs. Vladeck.

Ms. GINZLER. Thank you, Senator Clinton.

Two things come to mind and it clearly is a reaction to your first observation. We are living longer and we will live with chronic conditions.

So I think our whole notion of it is, at the very end of your life, that you need what we used to call long-term care, that notion is going to go away as people are going to live for decades with conditions that years ago would have severely compromised your ability to maintain engagement in the world around you. That is not going to happen anymore. We have delightful advances in pharmacology and people can live with disabling conditions with a much higher quality of life. And that is all going to contribute to the notion of long-term living, not long-term care.

I think the other term that I think we might want to think about is the concept of independent living. Maybe we need to think about it as interdependent living and that is a phrase I think that fits all through life. We are all dependent upon and working with each other as we go through all of our life's phases. And as one is in the older age spectrum, it does not mean you are only receiving care, you are also giving back to the community. And this ability to think about it as long-term living also can then shed the light a lot better on the contributions that our older citizens make in their roles as volunteers, as engaged in their civic community on both a formal and informal basis.

And then at the same time they are going to need some assistance as well, as is true all throughout life.

So I love the concept of long-term living and I think we might want to think about interdependent living, as well.

Senator CLINTON. Mrs. Vladeck.

Mrs. VLADECK. What I might add to that, I straddle several worlds, including the long-term care world. And I can tell you that our policies right now, when you look at Medicare, when you look at Medicaid, when you look at some of our services under the Older Americans Act, the focus is on providing a very specific service and then leaving. There is no focus. No one is responsible for re-integrating that person back into community.

And given that people move in and out of acute states of health and dishealth, there is an unfinished piece of business that needs to be done. And often, the older person is left to do it on their own. Some succeed. But more often than not, they do not.

Additionally, if you look at our homecare policy and the issue of homeboundness, that homeboundness means you are entombed, as one older woman put it, you are entombed behind your front door, behind your apartment door because you must be homebound in order to receive a Medicare homecare service. Which means that you are separated from the community at the very time that community is probably the most important thing to sustain you.

So I think we need to start looking at some of those policies.

The third piece that I would add is—this is the hardest thing in the world to do—is really sort of change a mindset about how we think about and deliver service. I say this very humbly, that for us professionals, we are used to thinking of the client as the dependent individual. And changing that mindset is really going to be a phenomenal challenge for us.

Senator CLINTON. Thank you very much.

[The prepared statement of Senator Clinton follows:]

PREPARED STATEMENT OF SENATOR CLINTON

First, I would like to thank Chairman DeWine and Ranking Member Mikulski for convening this important hearing on Naturally Occurring Retirement Communities (NORCs). As a strong supporter of NORCs over the years, I am very proud of the pioneering role New York has played in developing and expanding NORC Supportive Service Programs to help seniors successfully “age in place.”

Let me also thank Fredda Vladeck, the founding Director of the first NORC Supportive Service Program (NORC-SSP) in New York City and the current Director of the Aging in Place Initiative at the United Hospital Fund, for coming here today to share her knowledge and experience. It is great to have you join us, Fredda. I am so grateful for your leadership and tireless work in this area.

I also want to note that Ron Soloway and Anita Altman from United Jewish Appeal-Federation of New York (UJA-Federation) have made the trip down here today and are in the audience. Thank you for the critical role you have played in advancing the good work of New York’s NORC Supportive Service Programs.

This year marks the first year that the baby boom population turns 60. With a rapidly expanding older adult population, it is critical that we focus attention on the increasing needs of this elder boom and the demands placed on our local, State, and Federal health care and social services systems. NORC Supportive Service Programs play a significant role in helping to address this very real challenge.

Since 1986, when Fredda Vladeck helped found the first professionally staffed NORC Supportive Service Program in the Penn South Houses in New York City, the number of publicly-funded programs has grown to more than 40 in New York and approximately 80 across the Nation.

NORC Supportive Service Programs have been invaluable in helping seniors stay in their homes where they have long resided and which many prefer. As I talk with seniors in New York and across the country, this is what I hear they most want.

The NORC model of care not only respects seniors' overwhelming preference to age in place—to remain at home in the neighborhoods where they have lived for years—but also values their active participation in shaping their communities as “good places to grow old.”

This paradigm shift recognizes the importance of community for positive and healthy aging. For example, NORC-SSPs promote healthy aging by engaging seniors in preventative care before a health crisis occurs and by responding to their changing needs as they age over time. As a result, this approach helps prevent the premature or unnecessary institutionalization or hospitalization of seniors in short- and long-term care facilities. A cost savings to Medicaid and local taxpayers.

Another important ingredient of NORC Supportive Service Programs is the partnerships they forge between the public and private sectors—uniting housing entities and their residents, health and social service providers, government agencies and philanthropic organizations. Through these partnerships, NORC Supportive Service Programs are able to offer a range of services—from social and health programs to educational, recreational and volunteer opportunities—that are diverse, flexible, and designed to engage as many community residents as possible.

All these characteristics help support the residents of NORCs and benefit the communities in which they reside, reducing the overall burden on our health care and social service delivery system, saving money.

As the baby boomers continue to age, our current infrastructure for delivering services needs to adjust to reflect the preference for aging in place and to help ease the cost of providing care to this burgeoning group. NORC Supportive Service Programs do just this.

That is why I think it is so critical, and why I have made it a top priority to include language in the Older Americans Act . . . to make NORC's a permanent part of our strategy for helping older adults age with dignity. And I am hopeful that the work that is currently going on in this subcommittee . . . my efforts with Senator Mikulski, who has been a real champion for NORC's, and Chairman DeWine, will accomplish this goal.

I am proud that New York has been such a leader on this issue and we need to give more communities in my State and around the Nation the opportunity to develop NORC-SSPs.

As we face a long-term care crisis in our country resulting from the baby boom and the growing longevity of Americans, we must look for solutions to this mounting problem. A permanent grant program for NORC Supportive Service Programs in the Older Americans Act is a critical and common sense approach for investing in services and supports for our aging population.

NORC Supportive Services Programs offer an exemplary model of care that respects our seniors' strong desire to remain in their homes and in their neighborhoods, values their strengths and contributions, and takes advantage of social networks and public-private partnerships to provide a myriad of cost-effective services that foster positive aging.

This innovative approach empowers older Americans to be actively engaged in a win-win solution to their long-term care needs. We owe it to our seniors to support these creative and invaluable programs.

Again, I thank you for holding this hearing today and look forward to hearing from our witnesses and working with Chairman DeWine and Senator Mikulski to ensure inclusion of NORC language in our upcoming Older Americans Act reauthorization.

Senator DEWINE. Great panel. Thank you very much. We appreciate it. We appreciate your testimony.

Let me invite our second panel to come up now, as I am introducing you.

Joyce Garver Keller joins us today from Ohio where she has served for 16 years as Executive Director of the Ohio Jewish Communities. As head of the Ohio Jewish Communities, she has been at the center of efforts across the State to implement supportive services within NORCs.

She has won numerous community service and civil rights awards. She has also been named by the Ohioan Magazine among the top five nice but effective lobbyists in Ohio. Joyce, that is quite interesting. I know you are nice and I know you are effective, so I guess that works.

She has served on the Governor's Advisory Committee on Faith-Based and Community Initiatives, the Ohio FEMA Advisory Board and Chair of the Ohio Refugee and Immigration Advisory Committee of the Ohio Department of Job and Family Services.

We are also joined today by Ann Sutton Burke from Cincinnati. She is currently the Program Director of Options Cincinnati, the supportive service program at Jewish Family Service.

Ms. Sutton Burke also serves on the Best Practices Committee of the Ohio Valley Appalachia Regional Geriatric Education Center for the Office of Geriatric Medicine at the University of Cincinnati. She is Chairwoman of the Advisory Committee for Home Health Services for the city of Cincinnati's Health Department.

She has over 25 years of experience working in the field of aging. Her background includes program planning and organization of senior centers, case management, home health, adult day care services and corporate elder care.

Thank you both for joining us. Let me now turn to Senator Mikulski to introduce our other two panelists.

Senator MIKULSKI. Thank you very much, Mr. Chairman.

I too, have two Marylanders who have actually run hands-on with these NORC programs, of which I am very proud.

I would like to present to the committee Ms. Julia Pierson, who is the Director of Senior Home Services at CHAI, which is our community housing association, which is part of the Jewish Federation of Washington. She is a graduate of the University of Maryland School of Social Work, my school of social work. She has worked as the Executive Director of Govans Ecumenical Services, a neighborhood corporation.

She has over 20 years of experience in nonprofit management and now she is the Director of Senior Home Services at CHAI where she is coordinating its naturally occurring retirement project.

And then we have Beth Shapiro. Beth is the Manager of the Community Partners Federation of Rockville. She has a masters degree of social work from the Shiva University, a graduate with a specialty in community organization, my field.

For the past 6 years, Ms. Shapiro has been on the board of directors of a group called Grassroots Organization of Well-Being for Seniors. Before taking her current position, she managed the Holy Cross Adult Day Care Center in Silver Spring and has now worked for over 20 years with developmentally disabled adults and seniors.

Now she is heading up the Jewish Federation of Greater Washington's NORC supportive services in Rockville.

Ms. Pierson is doing the job in Baltimore. Ms. Shapiro is doing the job in our Washington suburbs. I think, in doing the job, we are going to learn how better to do ours, and we welcome them enthusiastically.

Senator DEWINE. We thank all of you very much. We have a 5-minute rule. We are going to have a vote apparently before 12 o'clock, so we are going to run out of time here, so we are going to need you to keep right to your 5 minutes.

Joyce, we will start with you.

STATEMENTS OF JOYCE GARVER KELLER, EXECUTIVE DIRECTOR, OHIO JEWISH COMMUNITIES, COLUMBUS, OHIO; ANN SUTTON BURKE, PROGRAM DIRECTOR OF OPTIONS CINCINNATI, SENIOR ADULT SERVICES, CINCINNATI JEWISH FAMILY SERVICES, CINCINNATI, OHIO; JULIA PIERSON, DIRECTOR OF SENIOR HOME SERVICES, SENIOR FRIENDLY NEIGHBORHOODS/CHAI, BALTIMORE, MARYLAND; AND BETH SHAPIRO, MANAGER, COMMUNITY PARTNERS, JEWISH FEDERATION OF GREATER WASHINGTON, ROCKVILLE, MARYLAND

Ms. KELLER. Good morning. I am Joyce Garver Keller, Executive Director of Ohio Jewish Communities. I want to thank Chairman DeWine and Ranking Member Mikulski and the Senate Subcommittee on Retirement Security and Aging for the invitation to participate in this hearing today.

As this hearing coincides with the subcommittee's consideration of the Older Americans Act reauthorization, I commend you for the timeliness of today's hearing.

The NORC movement in Ohio commenced specifically to assist seniors and aging baby boomers to maintain their lifestyles and social support networks without having to move out of their neighborhoods. The Jewish Community Federation of Cleveland has been in the forefront of seeking solutions to the looming crisis of caring for an ever-growing elderly population in Ohio.

Today Ohio is home to more than 1.5 million residents 65 years and older. Ohio, in fact, ranks 14th in the country for this aging population.

Community Options, established in 1997, is one of the first NORC programs based outside New York State and it is the first program established in Ohio and one of the founding Older Americans Act Title IV demonstration projects that were commenced in 2002.

Recognizing that loneliness and barriers to available services exist, Community Options was developed to better connect with seniors living independently and linking them to targeted community supports. The following are key factors to understanding the Community Options NORC supportive service model. The program is located in vertical NORC buildings at five sites in Cleveland's Mayfield Heights, University Heights, Beachwood and Lyndhurst neighborhoods and serves approximately 700 residents a year. The typical NORC resident served by the program is female, widowed, in her early 80's, and has resided in her home for more than a decade. The program serves a diversity of ethnic and religious groups including Eastern European Jews, African-Americans, Italians, Protestants, Catholics, and Orthodox Jews.

The Community Options program is structured around community organizing and senior empowerment. The seniors direct the program through advisory councils, volunteerism, cost-sharing for the activities they participate in, and social service selection through a large referral system. A database of more than 1,400 providers is maintained and monitored frequently.

Resource coordinators ensure a community infrastructure is in place through the development of partnerships with landlords, vendors, residents, and community service providers in many areas. Services and activities focus on health and wellness, education, recreation and, most importantly perhaps, transportation.

The coordinators maintain a regular presence in the buildings and are recognized by the residents as the first line of support and only a phone call away. Unlike a housing complex with an employed service coordinator, the service activity developed by Community Options is consumer driven and based upon individual self-determined need and preference.

The program operates on an annual budget of approximately \$200,000 from income derived from the Jewish Community Federation of Cleveland, from their annual Campaign for Human Needs, other charitable contributions, landlords, activity fees and Federal grants.

The seniors served by Community Options remain active, engaged and living at home longer. In 2004, the program was evalu-

ated by Dr. Georgia Anetzberger, a renowned expert in the field of gerontology. Dr. Anetzberger's research found that as a result, Community Options participants are better able to control their lives and access assistance and activities. They are more connected to their neighbors. They feel that they have choices and are able to live independently with self-confidence. In her report, Dr. Anetzberger wrote that Community Options fosters caring communities in which individual choice making is promoted and encourages seniors to thrive.

In 2002, Community Options used its Older Americans Act Title IV demonstration grant to test the replicability of its NORC model in different Ohio regions. Through an RFP process it had four recipients selected for this demonstration. They included the Area Agency on Aging in Canton; Jewish Family Service in Cincinnati; the Western Reserve Area Agency on Aging in Cleveland; and Wexner Heritage Village in Columbus, a continuum of care campus with a 200 bed skilled nursing facility, two group homes for adults with developmental disabilities and mental retardation, subsidized housing for 164 seniors, hospice care, end of life programming, and senior transportation and other supportive services.

The four agencies launched 13 program sites and adhered to the consumer-directed community building empowerment model developed by Community Options in Cleveland.

Internationally recognized Dr. Eva Kahana, Ph.D., Director of Elderly Care Research at Case Western Reserve University in Cleveland was contracted to assess the emerging programs within the demonstration project. Her report: *Effects of Service Options Program in Naturally Occurring Retirement Communities* articulated four central findings.

Results support the value of Community Options' program's philosophy to give older adults a greater say in services to be marshaled.

No. 2, significant improvements in reporting quality of life for residents of housing sites with newly instituted service and activity programs.

No. 3, researchers propose that for populations with compromised access to basic services, tools should be developed that embrace a community model of empowerment rather than a clinical model of standardized assessments to determine comprehensive social and medical needs.

And No. 4, the Community Options program has successfully developed social capital in the community by providing infrastructure to address the needs of community dwelling elders.

Although the four participating agencies were able to successfully initiate programs, future sustainability of the NORC demonstrations became a significant challenge and only two of the programs—Cincinnati Jewish Family Service and Western Reserve Area Agency on Aging—were able to obtain funding beyond the grant period to continue operations in their respective regions.

Cleveland's Community Options, whose Federal grants with HUD and AOA will soon be finished is in the process of assessing how it will address the funding shortfall of approximately \$50,000 annually once these grant resources are terminated.

While the Canton program could not continue, the experience provided an opportunity for the AAA to strategically target existing programs and resources in NORC locations and found that, as a result of the demonstration, residents are more connected to available community-based services in the area.

The Columbus agency was the only one of four that chose to test the model in a horizontal setting, garden-type apartments. The visible impact of the program took longer to achieve than the others and, as a result, it was found that the landlords did not have sufficient time to become engaged in the program and receptive to making a long-term commitment. Should a favorable funding environment emerge, Wexner Heritage Village would pursue reestablishing a NORC program.

Retaining familiarity of home remains an utmost priority for older adults. Yet for many seniors living alone with limited mobility and difficulty in assessing socialization, companionship and services become a major challenge to the quality of life and independence. The Community Options NORC supportive services program provides onsite activities, access to social service referrals, wellness activities and community building. The relationships developed through the resource coordinators enable seniors to trust more quickly, learn about and utilize community resources. Community Options' demonstration project found that replicability was possible, but sustainability was a significant challenge to fledgling programs.

As supported by the findings of Drs. Anetzberger and Kahana, communities with high concentrations of older adults could gain tremendously if Congress were to establish a national NORC supportive service program through the Older Americans Act reauthorization process.

On behalf of Ohio Jewish Communities, I want to thank the subcommittee for acknowledging the growing interest in NORC supportive service programs and for holding this hearing within the context of the Older Americans Act reauthorization.

I personally appreciate the opportunity to come before the committee today and I would be happy to answer any questions.

Senator DEWINE. Thank you very much. Very good.

Ms. Sutton Burke, thank you for joining us.

Ms. BURKE. Thank you for having me.

I am pleased and honored to be here in my capacity as Program Director for Options Cincinnati, the Jewish Family Service NORC Supportive Services Program.

With over 25 years of experience serving the aging network in community-based care, what I found innovative about the NORC Supportive Services Program is its preemptive nature. With most of the programs I have worked with, we wait for the phone to ring, we wait for a crisis to happen. With Options Cincinnati, we have turned that around with an approach that identifies clusters of seniors, NORCs, establishes a comfortable presence, engages residents in one-on-one and through programming, builds relationships and creates a sense of community.

Through this program, we build trust with seniors and together we head off potential problems. NORC Supportive Services Programs like Options Cincinnati are responsive to trends in aging.

We have already heard that today from the representatives, but research tells us that 9 in 10 of us want to age in place. And for those of us like myself that are over 45, we also, a vast majority of us, want to age in place.

NORC-SSP programs on a large-scale could help seniors throughout the country, perhaps up to one-third, receive services to successfully age in place.

Locally, we have created a supportive environment to prevent situations from deteriorating to a point where a move out is the only option. In that vein, I want to share a story of a couple we work with. They have been married 58 years and are in their mid-80s. They live in a market rate apartment within a NORC building we serve. Bernice uses a walker and most of her care falls to Albert, her husband. All of their children reside at least a day's drive from Cincinnati.

Bernice began attending programs that we would hold in her building and Albert would stop by our office onsite to make her reservations for the program. Over time, Albert started to stop in regularly to chat with our social worker. And in time, that developed into supportive counseling for him.

That is important because Albert was injured and was confined to bed with a back injury. Although their privacy was very precious to them, Bernice and Albert allowed our social worker to come into their apartment and talk to them about what might be their next step.

After completing an assessment, our social worker suggested homecare services and together they arranged those services. Albert recovered from his injury but, what was important was that their positive experience with Options Cincinnati continues to enrich their lives.

Bernice, who relied completely on Albert for all of her transportation needs, now utilizes the services of one of our business partners to take her out to do her errands. This reprieve has greatly reduced the care giving burden on Albert and it has enhanced both his and Bernice's independence. Any worries about a need to move to a more restrictive setting are now nonexistent.

Options Cincinnati operates in two NORC buildings, both are nondenominational programs, and one site is home to a significant African-American population, 22 percent. To date, the programs have served more than 200 residents combined.

Property owners, CMC and Towne Properties in Cincinnati, welcomed our programs into their buildings. They understood the merits of our programs and the perspective of building stabilization. Emergencies are reduced and a caring network is in place. Both properties provided Options Cincinnati with donated space for our use as offices and also support us financially.

The business community embraces our model, as well. Bethesda North and Good Samaritan Hospitals of the TriHealth System, Comfort Keepers, Mullaney's Pharmacy Plus Home Care and Arden Courts have helped support our local matching requirement in exchange for advertising and display space and opportunities to present programs to our residents. Despite no exclusivity for referral to their services, they have seen the benefit of such a private-public partnership.

Scripps Gerontology Center at Miami University of Ohio is partnering with Options Cincinnati on program evaluation. Some of their project work has revealed that residents living in Options Cincinnati NORC sites were more likely to feel connected to their community, be age integrated, and have higher assessments of their health than residents living in similar buildings not served by the program.

In Cincinnati we have a well-regarded aging network with a range of services thanks to our Jewish Federation, United Way, and Area Agency on Aging, Council on Aging of Southwestern Ohio. This great network has been made even better through the opportunity Senator DeWine has afforded us—the Options Cincinnati grant.

Our project has shown that NORC Supportive Services Programs are a natural complement to services and providers already existing in our community.

If NORC Supportive Service Programs were part of the Older Americans Act, it could significantly help reposition aging services to better serve those aging in place.

I applaud Chairman DeWine and Ranking Member Mikulski and the subcommittee for holding this morning's hearing on innovative NORC Supportive Service Programs. As you fashion your reauthorization of the Older Americans Act, I hope you will provide an opportunity for further development of NORC Supportive Services Programs throughout the country.

Thank you again for the opportunity to contribute to this discussion. And I look forward to answering any of your questions.

Senator DEWINE. Thank you very much. Very good.

[The prepared statement of Ms. Burke follows:]

PREPARED STATEMENT OF ANN SUTTON BURKE, MPA

I am pleased and honored to be here in my capacity as Program Director for "Options Cincinnati", the Jewish Family Service of Cincinnati's NORC Supportive Service Program.

I have 25 years of experience serving the aging network, with the vast majority of that time focused on community-based care. From this perspective, I have embraced the NORCs service concept for its innovative preemptive nature in community-based supportive services. The vast majority of programs serving older adults are ones where we wait for the phone to ring. We wait for a crisis. With Options Cincinnati we've turned this around by developing an approach that:

- Identifies clusters of seniors: NORCs.
- Establishes a comfortable presence.
- Engages residents one-on-one and through programming.
- Builds relationships.
- Creates a sense of community.

Through this program, we have built a trust with the older adults, who now turn to us to head off developing problems together.

NORC Supportive Service Programs, like Options Cincinnati, are responsive to the trends in aging—research tells us that older adults want to age in place (9-in-10, according to AARP). This trend is not fleeting, as AARP research also indicates that the vast majority of the 45 and older population wants to age in place and receive the services that will allow them to do so. NORC programs, on a large scale, could help a great many older adults throughout the country, perhaps as many as one-third of the senior population, according to the research. In our local experience, we have created a supportive environment to prevent situations from deteriorating to a point where a move out is the only choice left.

In this vein, I want to share with you a story of a couple we work with, Bernice and Albert Kaplan. They have been married 58 years and are both in their mid-80's. They live independently in a market rate apartment within a NORC building

we service. Bernice uses a walker and most of their care falls to Albert to provide. All of their adult children reside at least a day's drive from Cincinnati.

The Kaplans established their relationship with Options Cincinnati when Bernice began to attend events we would hold in their building and Albert would stop by our office, located on the premises, to sign her up for programs. Albert then began to drop by on a regular basis simply to "chat" with our social worker. These visits over time became supportive counseling for Albert. This relationship became critical after Albert injured his back and was confined to bed. Although their privacy was precious to them, the Kaplans allowed our social worker into their home to help them figure out what they were going to do next.

After completing an assessment our social worker recommended homecare and she worked with the Kaplans to arrange the services. Albert has since recovered from his injury, but the positive experience with Options Cincinnati continues to enrich the Kaplan's lives in other ways. Bernice, who previously relied on Albert for all of her transportation needs, now utilizes services of one of our business partners to run errands and outings outside of the building. This reprieve has greatly reduced Albert's caregiver burdens and enhanced both his and Bernice's independence. Any worries about Albert and Bernice's need to move to a more restrictive setting are now nonexistent.

Currently JFS operates in two NORC buildings. Both are non-denominational programs, and one site is home to a significant African-American population (22 percent). To date, the programs serve more than 200 residents combined.

Property owners, CMC and Towne Properties, both openly welcomed locating our programs in their buildings. They understood the merits of our program from the perspective of building stabilization (rents get paid, apartments are safe and accessible, emergencies are reduced and crises avoided, and a caring network is in place). For their part, both properties provide Options Cincinnati with donated space (converted apartments) for our use as offices. They also contribute financial support.

The business community has also embraced our model. Businesses that cater to older adults, such as Bethesda North and Good Samaritan Hospitals (TriHealth), Comfort Keepers, Mullaney's Pharmacy, Home Care, and Arden Courts, have helped support our local matching requirement in exchange for advertising space, display space and opportunities to present programs to our residents. Despite there being no exclusivity for referral to their services they have seen the benefit of such a private-public partnership.

Additionally, the Scripps Gerontology Center at Miami University of Ohio is partnering with Options Cincinnati on program evaluation. Some of their project work has revealed that residents living in the Options Cincinnati NORC sites were "more likely to feel connected to their community, be age-integrated, and have higher assessments of their health," than seniors living in similar buildings not served by the program.

If there was an opportunity to expand the NORC-SSP model, Options Cincinnati has received interest about collaboration from several community partners in our aging network, including Clermont Senior Services (whose interest is a rural NORC in Felicity, Ohio), Community Services West in western Hamilton County and Senior Citizens, Inc. about the African-American community in Hamilton, Ohio. JFS and the Jewish Federation is looking at how to use the NORC-SSP model to better serve resettled New Americans.

If NORC Supportive Service Programs were to become a part of the Older Americans Act, it could significantly help reposition aging services to better serve those aging in place. As the NORC model has a flexible approach to programming and service development—in order to respond to the specific wants, as much as perceived needs of the service recipients—the model is adaptable and well suited for the changing continuum of care required as older adults age in the community. Additionally, the model promotes choice, as the older adults contribute to the direction services and activities take and foster the program through their engagement. With so many independent minded baby boomers on the cusp of retirement, NORC Supportive Service Programs that foster their empowerment and self-determination would add to their well-being and quality of life.

In Cincinnati we have a well-regarded aging network with a range of services available thanks in large part to support by our Jewish Federation, United Way and our area agency on aging: Council on Aging of Southwestern Ohio. This great network has been made even better through the opportunity Senator DeWine has afforded us with, the Options Cincinnati grant. Our demonstration project has shown that NORC Supportive Services Programs are a natural compliment to services and providers already existing in our community. It has also shown that a program designed to be proactive, rather than reactive, can help reduce the burden on limited resources and improve the health and social outcomes of the seniors served.

I applaud Chairman DeWine, Ranking Member Mikulski and the subcommittee for holding this morning's hearing on innovative NORC Supportive Service Programs. As you work to fashion your reauthorization of the Older Americans Act, I hope you will provide an opportunity for further development of NORC Supportive Service Programs throughout the country.

Thank you, again, for this opportunity to contribute to this discussion, and I look forward to answering any questions you may have.

[Editor's Note—Due to the high cost of printing, previously published material submitted by witnesses may be found on the Program's website at www.jfscinti.org.

COUNCIL ON AGING OF SOUTHWESTERN OHIO,
CINCINNATI, OH,
May 10, 2006.

Hon. MIKE DEWINE, *Chairman,*
Subcommittee on Retirement Security and Aging,
United States Senate,
Room 140, Russell Senate Building,
Washington, D.C. 20510.

DEAR SENATOR DEWINE: As the Area Agency on Aging that serves the five county region in Southwestern Ohio, we appreciate the partnership and work with Jewish Family Services on their NORC project "Options Cincinnati." They are an important link in the system of services available to seniors that provide low-cost options for their long-term care needs.

Part of our new Strategic Plan for Southwestern Ohio is to enhance service options and supports to prepare for the rapidly growing population of older adults. Most older Americans want to remain in their homes and communities where they are familiar, and lead a good quality of life. Developing a network of services and options that allows seniors to remain independent is good for families, and makes prudent use of limited long-term care resources.

If you have any questions about naturally occurring retirement communities, or programs and services available to seniors, please feel free to contact me at 513-345-8616.

Sincerely,

SUZANNE BURKE,
Chief Executive Officer.

Senator DEWINE. Ms. Pierson, thank you.

Ms. PIERSON. Thank you. Thank you, Chairman DeWine and Ranking Member Mikulski.

First of all, Senator Mikulski, I want to thank you on behalf of the Associated and CHAI for continuing to fund our programs over several years.

Senior Friendly Neighborhoods operates in the Northwest section of Baltimore. It is a low- and moderate-income post-World War II urban area and there are seniors living in market rate and subsidized apartments, in condos, in single-family houses and in duplexes.

I am going to keep my remarks short in the interest of time. A lot of the themes said by my colleagues are similar in Baltimore.

What I really want to focus my testimony on are four characteristics that make a NORC program distinctive and more effective than other senior programs. First of all, we offer programs and services where people live. For example, instead of having a case manager in a central office, our social worker has an office in apartment buildings where seniors live. This allows staff to see how people are functioning in their home environments and foster stronger relationships, which is so key.

That leads to our second characteristic, which is having a prevention focus. When you establish a high level of trust, then people are more likely to accept help and ask for it. Our staff suggests

changes to help remedy a problem before it becomes a crisis. This is key. It is a safety net of information and support essential to the NORC paradigm.

The third characteristic that I want to point out is that Senior Friendly and other NORC programs are collaborative partnerships. All too often, agencies work independently without the knowledge of others who also provide services to an older adult. At Senior Friendly, we have brought together all of the major community partners into our—all of the community providers into our partnership. We hold regular interdisciplinary team meetings. We provide cross training so all staff know how to identify at-risk seniors and what to do about it. As a result, we are able to avoid overlapping, duplicative and less effective services.

The fourth characteristic is we have a community orientation. You have heard it again and again. NORCs are programs that start in the neighborhood and in the communities. Our participants are key players in determining what services are offered, how they look, and how they are delivered. We conduct a community assessment before we start working in a building. We conduct regular open forums to solicit feedback from our clients. Consequently, we have a high attendance and utilization rate because we provide what people want.

Now I am going to talk about warm houses, which the Senator had asked us about before. One of the biggest challenges for NORC programs are to reach people who would normally be isolated because they live in single-family houses or they live in an apartment building where there are not many seniors, or they live in a rural area, frankly. So our Warm House Initiative is a cost-effective way to reach these populations.

For instance, we have brought together eight homeowners in a two-block area who did not really know each other well. We have also brought together an intergenerational warm house in an apartment building that has seniors and college students so that the college students get cookies but the seniors also have someone looking out for them.

Another warm house meets in a small apartment building where there are about seven seniors and most of them are frail and isolated. These warm houses meet monthly for a social activity in a senior's homes. The participants develop a network of neighbors that become a new support system for them. It really works. They also develop a relationship with a staff person who can connect them to services that they may not need this month but they may need next year.

I wanted to finish my testimony by speaking from the voice of one of our participants. I thought that was really important because of this woman, Mary, who lives in an apartment building. Maybe about half of the people in the building are seniors. She is wheelchair-bound. Before Senior Friendly, she spent 2 years—she did get out of her apartment for 2 years. This is what she writes:

For someone who depends on a wheelchair to get around, Senior Friendly Neighborhoods is a true blessing. Every Friday, Senior Friendly provides me with a shuttle bus with a ramp which allows me to go to the Meyerberg Senior Center for lunch and then to shop for groceries and go to the bank.

Ms. PIERSON. She makes three stops.

Aside from a good inexpensive meal, I eat with a group of seniors who also have become my friends.

At my apartment building, we are also fortunate to have two eating together meals a week.

I have been there. People are enjoying themselves and they are actually very hungry. This meal is very important to them.

Ms. PIERSON. As she says, she has developed special friendships as well as having a good meal.

Both a nurse and a social worker visits regularly and are a great help. Without Senior Friendly, I would be confined to my apartment and would not have such a productive existence.

Ms. PIERSON. So there are Marys all over America. They are unhappy, they are isolated, they are inactive, and they have chronic conditions. And they need and deserve long-term living, as Fredda said. They deserve joy, friends, and a healthy and productive existence.

So I think that the national NORC program would be very helpful for people all over the United States. And I hope that we are able to find a way to implement that.

Thank you.

Senator DEWINE. Thank you very much.

[The prepared statement of Ms. Pierson follows:]

PREPARED STATEMENT OF JULIA PIERSON

Thank you Chairman DeWine, Ranking Member Mikulski, and subcommittee members for this opportunity to raise awareness on an innovative and important paradigm of community-based services, Naturally Occurring Retirement Communities (NORC). The NORC program I represent is called Senior Friendly Neighborhoods (SFN). The Senior Friendly Neighborhoods program is exactly what its name implies—it provides services that make a neighborhood a friendly place for seniors to live in. SFN is targeted to older adults living in the Naturally Occurring Retirement Communities in the Upper Park Heights and Milbrook neighborhoods of Baltimore. Our goal is to enable older adults to “age in place” in their own homes. The program is operated by a partnership of agencies with Comprehensive Housing Assistance, Inc. (CHAI) as the lead agency. I am the director of the SFN program.

CHAI did not set out to create a NORC supportive service program. As community development corporation, CHAI set out to stabilize and revitalize an area of Northwest Baltimore in order to make it a viable and attractive community for its residents. As the agency began to renovate and develop housing, what it found was a large number of older adults who were aging in place, often vulnerable, and having difficulty maintaining their residences. The area of Baltimore City and County that we serve has:

- A total population of 12,490 of whom 62 percent are Caucasian, 33 percent African-American, 2 percent are Latino, and 3 percent are other races.
- Of this population, over 2,600 are older adults.
- 35 percent of the households are headed by an older adult, and
- 30 percent of the households headed by people over age 65 live below the poverty level.

Services for seniors existed in this community of private homes, condominiums, and garden style and high-rise rental apartments. There was an assortment of services through the city and county Area Agencies on Aging, a local Senior Center, a Jewish Community Center, a local medical complex with a hospital, nursing home, and out-patient services, and a Jewish Family Services agency with an older adult division. But, older residents were not necessarily making optimal use of these services, nor were these agencies working together to serve the older residents.

The Federal demonstration grants provided to CHAI beginning in 2002, and secured for us by Senator Mikulski, allowed CHAI to create Senior Friendly Neighborhoods, to test out a new approach to providing services in this Naturally Occurring Retirement Community. We chose not to begin a new agency, but rather to draw together some of the existing community service providers into a collaborative. SFN is a partnership of the seniors themselves, the apartment building owners and managers, CHAI, the Jewish Community Center, Jewish Family Services, LifeBridge

Health Systems, and the Edward A. Myerberg Senior Center. The project could not work with one agency. We needed to bring together the talents, expertise and resources from many agencies to provide the comprehensive services we currently offer. Each month we work with about 1,000 seniors. Services are provided to everyone over age 62 in the catchment, but are concentrated in several apartment buildings and in “warm houses”—where groups of homeowners gather together for socialization.

- We sponsor activities and programs like trips, art classes, exercise, games, movies, speakers, music and social events, and “Eating Together” meals. Over 1,000 activities were offered last year in 2 hubs and 8 apartment buildings.
- We have created a program we call “Warm Houses,” which are monthly gatherings of culturally similar residents who live in close proximity to each other and meet in each other’s homes. There are 9 such programs currently serving 140 individuals.
- We offer health education about medical issues that affect older adults. This includes taking blood pressures, clarifying medication directions, and having workshops about preventing falls. Additionally, the nurse follows up individually with people who have multiple and complex medical needs. She monitors their conditions, provides individualized education, and acts as a liaison with their medical providers.
- We offer social work services that help older adults connect to the services they need such as: energy assistance to help with fuel bills, homecare, and a volunteer to take them to the doctor. We offer support groups for issues like living with low vision, caregiver support, and coping with grief.
- We provide transportation to shopping centers, medical appointments, and recreational activities.
- We help older adults with minor and major home repairs as well as home adaptations like installing grab bars. More than 500 home repair services were provided last year.
- And we provide a safety net of information and support when our members need help.

The services that are offered by SFN are not unique or revolutionary. Health education, social service assistance, activity programs, and transportation programs for seniors have been in existence for years. What is unique is the delivery system created to bring these services into the community. It’s a delivery system that is effective and efficient in getting people the help that they need.

There are four main ways that SFN, and NORC supportive service programs are different from the existing service delivery system for seniors. These differences are: a community orientation, a collaborative partnership, services onsite where people live, and a focus on prevention.

COMMUNITY ORIENTATION

When planning services for older adults, sometimes professionals are paternalistic; they sit down in a room and presume to decide what is best for the seniors. The NORC supportive service program, instead, presumes that it is critical for residents to design and take ownership of the program themselves. The older adults should be key players in determining what services are offered, how they look, and how they are delivered.

Since the SFN service area is so large and culturally diverse, multiple approaches to empowerment have been implemented to gain community input. When we first started, we did community assessments. This included doing an inventory of the services that were already available in the area. We also did assessments of smaller areas where we considered providing services, i.e., apartment buildings and neighborhoods. We talked with resident leaders, apartment managers, and other key community members. We conducted formal written surveys and focus groups with residents, as well as canvassing them informally—we came to their activities, we knocked on doors and we sat in their lobbies and chatted. The Upper Park Heights neighborhood is multilingual. Key to conducting outreach in a multicultural community is having bi-lingual staff available and translating materials into other languages. In our case, a large proportion of our older adult population is recent immigrants from the former Soviet Union.

Once programs are established in a building, activity participants routinely help determine the substance and programming for their meetings. Activity programs, since the residents themselves determine their content, often reflect the cultural diversity of the community. For example we sponsored a trip to the newly opened Reginald R. Lewis Museum of Maryland African American History and Culture, a concert featuring Russian music and dance, and a celebration for Israeli Independence Day. Also, “Open Forum” meetings are held in 8 of the apartment buildings.

These are meetings where participants can share feedback on existing services and suggest ideas for new programs. Forums occur several times a year in each building, depending on the building's size.

The open forum process then feeds into a formal Advisory Council. The SFN Advisory Council is a group of volunteers who help guide the SFN staff in making decisions about the future of the program. The Council currently has 20 members who meet every other month to discuss current issues of concern for SFN. A chairperson and a steering committee of four members guide the group.

Council membership is designed to represent the diversity of the community. Members are representatives from the SFN apartment buildings, condominium residents, warm house participants, and homeowners. Additionally there are individuals on the Council who are not necessarily SFN participants, but who represent other community organizations and stakeholders.

One project of the Advisory Council was a community-wide conference held in June 2004, when SFN was undergoing a strategic planning process. The conference was an effort to include the older adults in the planning process. About 100 older adults participated with staff in small group sessions to learn the participants' priorities.

One of the priorities that came out of this conference was an interest in creating a "caring community" where residents look out for each other. Basically, residents were concerned about having a medical emergency in their apartment, and being unable to call for help. SFN staff researched various strategies to address this concern, presented them to residents, and the residents decided which one to pursue.

The residents decided to create a door tag system to check on each other. The way this works is participating apartments are issued a brightly colored tag that hangs on the handle of their apartment door entrance. The residents place their tags on the outside handle of their front doors each morning, and take it inside in the evening. A floor captain checks to make sure the tags are out. If a tag has not been put out or taken in, the floor captain knocks at the resident's door. If they do not answer the door, then the floor captain calls the individual. If there is still no response, then the floor captain contacts a program coordinator or building manager. The building management then enters the apartment to check on the resident and arrange for help, if necessary.

This system has allowed the residents in participating buildings a low-cost means to address their fears. Initially, the process required staff involvement to implement, but is now run solely by resident volunteers. In the process, residents have gotten to know each other better and created more connections and involvement among themselves.

COLLABORATIVE PARTNERSHIP

The second concept critical to the NORC supportive services model is the provision of services in a collaborative partnership. All too often in the existing system of services for older adults, agencies work independently without the knowledge of the others to provide services to a client. This often leads to overlapping or duplicative service provision. Also, when a worker from a single agency assesses a client, the worker often creates a one-dimensional evaluation of the client. This can lead to a very narrow response or solution to the problem.

A NORC collaborative partnership allows a program to avoid these pitfalls. Different agencies, and the workers within them, who come from different educational backgrounds, offer a unique perspective on the individual's circumstances. These perspectives come together to form an interdisciplinary team that guides the service for the older adults. In SFN our team members consist of a nurse, four social service staff, three activity workers, an outreach worker, the coordinator of our Senior Home Repair Program, and our transportation/membership coordinator.

Typically, it is the activity worker who first becomes aware of an individual who may need extra assistance. In SFN the activity programs are designed to be the public face of the program and then to make a connection to the greatest number of people possible. Residents are far more likely to connect to SFN through an exercise class, party, or a trip out to dinner than by entering the social worker's office to acknowledge that they have a problem and need help. The activity workers are the eyes and ears of the program, and they bring their concerns back to the social service and nursing staff.

For example, an activity worker staffing an arts program may notice an individual who is no longer caring for their appearance and hygiene properly and who forgets what time to come for the program. She brings this to the attention of the nurse or social worker, who then stops in at the next class to meet the individual. The activity worker, whom the resident is already comfortable with, facilitates the intro-

duction of the new team member. The connection to the clinical services is much smoother and occurs more readily because the activity worker has already established a trusting relationship.

In the existing service delivery system, an activity worker might not know whom to go to ask for help with this individual. Even if she did, the social service worker may not be able to come if the client did not request the meeting herself. Certainly, the worker would not be able to come to the activity program and receive such a facilitated connection to the client. The worker would be a stranger calling on the phone and offering assistance—an offer that is then likely to be refused.

The SFN team members work together to provide a coordinated service plan for the residents. This work happens on an informal basis in the office and during a formal Interdisciplinary Team meeting each month. The meetings are facilitated by a clinical social worker. We discuss situations that require guidance from the whole team's perspective. At a recent meeting we discuss a frail depressed woman that many of the staff had interacted with and were concerned about. Because so many people were present, we were able to get a more complete picture of her circumstances, and decided on a strategy to get her help. We have found that Interdisciplinary Teams:

- Give staff the tools they need to handle difficult and complex cases,
- Improve service delivery,
- Provide cross-training for staff, and
- Help us replicate best practices in working with seniors.

In addition to the managing partners involved in SFN, the program is always looking to work collaboratively with governmental and other community service providers around short- and long-term issues. We regularly hold meetings, dialogues, and informational sessions with both Baltimore City and County agency representatives in the departments of aging, social services, housing, planning, and police around issues facing the older adults in our community. These collaborations often ultimately enhance CHAI's larger goal of stabilizing and enhancing the entire neighborhood. Finally, there are numerous projects where SFN engages with other agencies to enhance specific services for seniors. For example, SFN has worked collaboratively with the University of Maryland School of Pharmacy to provide medication screenings, a local bank and a Catholic Charities youth group to provide volunteers for a Senior Home Repair Day, and a Russian membership organization to offer a special event honoring immigrants who recently became U.S. citizens.

At SFN we have found that the team approach is an invaluable one that offers a tremendous enhancement to the service provision to our clients. It should be noted, however, that partnering and collaborative work can be a time consuming effort. Like a marriage, inter-agency partnering takes nurturing and hard work. Bringing together multiple interests and viewpoints is critical, but adequate staff time needs to be allocated to bring these viewpoints together.

ONSITE SERVICES

The third unique difference about SFN, and NORC supportive service programs in general, is that they are offered right onsite where people live. Instead of having a case manager in a central office, the NORC social worker's office is right in the buildings where people live. The social worker can schedule formal office or home visits, but they also have the opportunity to monitor residents in an informal way—riding the elevator, getting their mail, sitting in the lobby, attending an activity—like the case detailed above. The primary benefit of this close contact is that it can result in a high level of trust between workers and clients.

A second benefit of the onsite location of staff is an economy of scale. The nurse may have a home visit scheduled in a particular building. She may use the time before and after this visit to check on other individuals she is concerned about, or stop and sit in the lobby for a moment to converse with residents there. In this way more people get to know her and become familiar with what she does. This leads to a third benefit, which is that residents begin to be familiar with the entirety of the SFN's services, even before they may need them.

Once residents trust staff and have seen what they can do, we find that residents share concerns about themselves and their neighbors more readily. For example, residents in one SFN building became more and more concerned about Mrs. B., an 83-year-old widow whom they had seen wandering in the neighborhood at odd hours. Mrs. B. also began knocking on doors saying that she was hungry. One neighbor, who had been helped by the SFN nurse, introduced the nurse to Mrs. B. The nurse was able to readily establish a relationship with Mrs. B. to evaluate her needs. The nurse arranged for a system to help her remember to take her medications. The nurse also brought in the SFN social worker, who saw a need for Meals

on Wheels and homecare services. The social worker worked with Mrs. B. and her family to arrange for these services so the client could remain at home safely and have her needs met.

The fourth benefit to being onsite is that it is easier to access and assist residents who are more frail and isolated. There is no need to transport frail and mobility-impaired individuals out of the building, because services are right there. Such individuals might only be able get out of their buildings with great assistance, and thus only venture out for large occasions or medical appointments. In SFN activities are created right in the building, making transportation a nonissue.

One 91-year-old SFN member lives in a small apartment building where there is no community space to gather. Mrs. D. has Parkinson's disease, which severely limits her mobility. She requires a walker and even with this device she has great difficulty walking long distances or getting in and out of a car. SFN created a "warm house" where programs occur in the building by rotating them in different resident's apartments. Without these programs offered right in her building, Mrs. D. would remain isolated and without regular social connections. One other senior said, "My house is like a prison. I have just myself, and these walls. I would love to have others come to my house." We were able to start a warm house for her and her neighbors that met in her house.

PREVENTION FOCUS

NORC programs have a major focus on prevention. When you establish a high level of trust with residents, you can often catch problems early on, and suggest changes to remedy problems before they become a crisis. The regular onsite contact allows staff to observe changes in residents over time, and suggest services that can prevent an emergency from happening. And finally, even when crises do occur, residents are getting help from people who know them.

Let's use the example of an older man who develops hypertension. If he does not come into contact with a health care establishment or social service provider early, he may become dizzy and fall. The fall may result in a hip fracture, leading to hospitalization, surgery, and a lengthy rehabilitation from which he may or may not return home.

When the SFN nurse discovered a similar situation the results were quite different. The SFN social service staff learned from neighbors that a participant's wife had recently died. Mr. G., an 80-year-old recent immigrant from the former Soviet Union, had multiple medical problems and his wife had always managed his care. The social worker assessed the situation along with the nurse. When the nurse found Mr. G.'s blood pressure unusually high, she helped him contact his doctor who then ordered the proper hypertension medications. The blood pressure stabilized and Mr. G. was connected to services to help him with his meals and personal care. The nurse continues to monitor his condition due to his multiple medical needs and because he has no family nearby to assist. This approach allowed Mr. G. to remain at home safely and averted a potential further medical complication.

SFN also offers a significant number of preventative health programs. The nurse conducts regular health education programs in many of the buildings. These efforts focus on offering and encouraging preventative health care tips, and offer the nurse a means to get to know the residents in the buildings in a non-threatening fashion. Additionally, the nurse is always looking to bring in representatives from other disciplines to augment the SFN interdisciplinary team. Last year, SFN engaged in a partnership with the University of Maryland School of Pharmacy. A pharmacy professor and her students conducted outreach programs in SFN buildings that caught a number of crises before they happened. Mrs. J., a 78-year-old African-American resident, brought medication down to the pharmacist. She handed the pharmacist a bottle and proudly said that she took only one pill a day. When the pharmacist opened the bottle out spilled medications of every different sort. The pharmacist and nurse immediately contacted her physician, who resolved the medication error and now monitors his patient much more closely.

EVALUATION

Evaluation in order to document our success and best practices is an important part of this demonstration grant. SFN commissioned from University of Maryland Baltimore County, a study to find out the impact of SFN's services to its members. We did a baseline sample of 108 SFN members, and then reinterviewed people the following year. This study measured our success—we had made improvements in people's lives in almost every area studied:

- 90 percent of members turn to SFN to learn about services that they need, up from 69 percent in the first survey; only 11 percent reported that there are services they need but cannot get, down from 35 percent in the first survey.
- Respondents reported an increase in social involvement; 83 percent–89 percent got together and/or talked on the telephone with friends, neighbors and/or family in the 2 weeks prior to the interview, up from 65 percent–72 percent in the first survey.
- 77 percent of respondents feel more involved in their building or neighborhood since becoming a member of SFN, up from 56 percent in the first survey.
- Only 2 percent of respondents said they have no one to help them if they were sick or disabled, down from 9 percent in the first survey.
- Only 2 percent of respondents said that there were health services that they needed, but could not get, down from 13 percent in the initial survey.
- 50 percent of respondents are participating in on-site preventative health services, up from 19 percent in the initial survey.
- SFN transportation services are used by 74 percent of survey participants, up from 51 percent in the first survey.
- 99 percent of members responded that they are satisfied or very satisfied with the SFN program.

With results from surveys like these, SFN can proudly say that we have assisted people to know where to go for help, decreased social isolation, increase resident's connections to their neighbors, helped facilitate access to health service, gotten people where they wanted to go, and helped them age in place.

There are many additional evaluation efforts we would like to undertake at SFN. We see daily anecdotal examples of the positive impact that SFN is having on our community, but it is difficult and expensive to regularly undertake the kind of extensive evaluation that we conducted with the initial Federal demonstration grant. We recognize that further work into demonstrating the measurable outcomes that NORC supportive service programs make is needed to better document our critical work.

In closing, the story of Mrs. L. demonstrates the true benefits that SFN has been able to achieve. Mrs. L. was a 75-year-old African-American widow who was a founding member of an SFN warm house. After participating for several months, Mrs. L. had to bury her last living son. Several weeks after her son's death, the warm house activity coordinator met Mrs. L. who was reluctant to attend that month's warm house on a cold snowy winter day. Despite her hesitations, Mrs. L. decided to come. Once inside, all the members offered their condolences. Mrs. L. lamented, "What will I do now?" This was the son who shoveled my walk for me and took me shopping." Immediately, the other participants came to her aide. One woman said that her husband would help shovel the walk. Another woman who still drove offered to take her shopping on a regular basis.

The SFN professional staff stepped in to offer support to Mrs. L. as well, but this help pales compared to the generous offers made by her neighbors. The connections between neighbors never would have existed without the groundwork laid through the SFN program. We do not simply provide services to seniors, we partner with them. We bring them together to create their own safety net for each other, which allows them to age in place with a greater sense of security and well being.

What is left now is to keep critical programs like SFN sustainable into the future. Other communities should have the opportunity to develop their own programs. We believe that NORC supportive service programs should be included in the Older Americans Act. This would be a tremendous step in helping to sustain existing programs, like SFN, and in assisting other communities in developing similar resources for their communities.

Thank you to all the committee members for convening this hearing on NORC supportive service programs, and for inviting me to share the experiences of SFN with all of you. I welcome the opportunity to answer any questions you may have.

Senator DEWINE. Ms. Shapiro, thank you for joining us.

Ms. SHAPIRO. Thank you.

Good morning, Chairman DeWine, Ranking Member Mikulski.

Senator DEWINE. You need to turn that on.

Ms. SHAPIRO. Is that better?

Senator DEWINE. That is good.

Ms. SHAPIRO. Good morning, Chairman DeWine and Senator Mikulski. It is a true honor to testify before you today.

My name is Beth Shapiro. I am the Director of Community Partners, CP, for the Jewish Federation of Greater Washington's NORC demonstration project in Montgomery County, Maryland. On behalf of the 800 seniors whose lives Community Partners has touched, I want to express my sincere appreciation to Senator Mikulski for her well-established commitment and support of Maryland seniors and for sponsoring Community Partners.

Community Partners provides over 100 programs a month in the NORCs that we serve. We are testing transitioning from a facility-based model where the client must go out to receive services, to a community-based model where staff provide services where seniors live. We have found NORC supportive service programming to be an effective public-private partnership that successfully leverages expertise and resources.

We have collaborated with seven agencies to provide four cornerstone services: recreation, transportation, social work and health. We come together in support of seniors' overwhelming desire to age in place by simplifying their access to services. Our program invests in keeping seniors healthy and active by offering services that prevent and delay disability and disease. We provide professional intervention before, during and after and preempt isolation with active physical, intellectual and socially focused programming.

It is critical that NORC service models like Community Partners be tested now in order to successfully serve seniors. The benefits of CP's NORC model include extending the length of time a person can live in their community, helping seniors apply for public and private services for which they were eligible, such as Medicare Part D and getting new wheelchairs, serving resident's adult children by providing them a peace of mind, supporting building managers and front desk staff with difficult or at risk seniors and residents.

The diversity of our program partnerships include successful public-private partnerships with county, State and Federal Governments, philanthropic foundations, the seniors themselves, and a growing number of their families, building management and staff, a social work agency, a recreation partner, a home health agency, a transportation partner, a research partner and an information and referral partner.

Sustainability is a challenge. This is why we are testing an individual membership model. Later we will expand membership to include adult children and the business community. In our preliminary baseline survey of senior's needs and interests, transportation ranked high. However, seniors are not enthusiastic with a one-schedule-fits-all model. As a result, we are currently testing a ride coordination service which would customize rides to the individual's needs.

We have learned a great deal from the NORC demonstration experience. The most critical is the importance of working proactively instead of reactively to support seniors to age in place.

The following examples illustrate the supportive nature of Community Partners.

After a NORC resident was involved in a car accident, Community Partners reacted by providing social work services, thus decreasing the woman's anxiety and that of her husband and adult children.

After another NORC resident fell, she was very resistant to getting medical treatment. A CP social worker talked to her about the importance of medical treatment. Because the woman was a CP program participant and had an established relationship with the social worker, she agreed to speak to our CP nurse, who was actually in the building that same morning. The nurse assessed her and successfully encouraged her to go to the emergency room.

Many seniors tell us that before Community Partners came to their building, they dealt with daily isolation and loneliness. This is what some have told us:

“CP has helped me alleviate the loneliness that comes with living in a big apartment complex.”

“CP helped me stay in my apartment during my building’s conversion to a condominium. I went from being told by the condominium management that I did not qualify for an extended residency to receiving a 2-year extension.”

There are significant challenges facing today’s seniors and the providers who serve them. Seniors have limited information about services. Many experience transportation barriers when accessing services. Many face caregiving and aging issues without available support. And many lack basic access to socialization and recreational opportunities.

Our demonstration has been an overwhelmingly positive experience for the older adults it serves and for the partnering agencies who, without this grant, would not have had the impetus to provide services in this manner.

In this context, I hope that my experience and those related by my fellow panelists provide you with an understanding of new ways to serve the country’s aging population.

I look forward to answering your questions. Thank you very much.

Senator DEWINE. We appreciate your testimony. All of you have been very, very helpful.

[The prepared statement of Ms. Shapiro follows:]

PREPARED STATEMENT OF BETH K. SHAPIRO

Good morning Chairman DeWine, Ranking Member Mikulski and respected members of the committee. It is a true honor and privilege to testify before you today. My name is Beth Shapiro. I am the director of Community Partners (CP), the Jewish Federation of Greater Washington’s naturally occurring retirement communities demonstration project in Montgomery County, Maryland.

On behalf of the 800 seniors whose lives Community Partners has touched, I want to express my sincere appreciation to Senator Mikulski for her well-established commitment to and support of Maryland’s seniors and sponsoring Community Partners.

CP brings services and programs to seniors living in NORCs. Frontline staff are in the buildings we serve providing 1:1 support, interesting social programs, blood pressure clinics and health education programs. Community Partners provides over 100 programs a month in the NORCs. This is our way of transitioning from a facility-based model—where the client must go out to receive needed services, to a community-based model where staff provide services where the senior lives. We like to think of ourselves as the “advance team” providing support based on strong trusted relationships.

We have found NORC Supportive Service Programming to be an effective public-private partnership to successfully leverage community expertise and resources. To make this possible in our own catchment area, Community Partners has created a successful collaboration of seven agencies providing four cornerstone services that include recreation, transportation, social work and health services. County and State governments have joined us in this endeavor along with two philanthropic foundations, the managements of 5 apartment and condominium properties, (with a waiting list of 4 more), and other critical community partners. We have all come

together in support of seniors' overwhelming desire to age in place by bringing a variety of professional services to NORC's thus, logistically simplifying access to the services they want and need.

ASSESSMENT & PROGRAM DEVELOPMENT

Our program invests in keeping seniors healthy and active. It is critical that NORC service models like Community Partners' be tested now in order to successfully serve the future demographic of seniors. We spent the first few months of our grant completing 268 in-depth, 1:1 surveys with seniors to determine their interests and needs. The top services requested were:

- Educational programs;
- Memory improvement programs;
- Onsite medical services;
- Exercise activities;
- 24-hour emergency call service for medical needs;
- Coordination of services;
- Curb to curb transportation;
- Volunteering to help operate this program; and
- Recreational activities and events.

As the result of critical partnerships including with the seniors themselves, we are now providing all of these services.

A PREVENTION-BASED APPROACH

These programs and services comprise a pro-active system designed to *prevent and delay disability and disease*. As such, our programs and services strive to:

- Eliminate and prevent isolation by aggressively pre-empting it with active physical, intellectual and socially focused programs;
- Provide emotional support;
- Provide new avenues for conversation that promote respect by family and friends;
- Provide health services such as blood pressure checks and 24-hour emergency alert services (many are using this service because it was recommended by one of our staff whom they know and trust); and
- Provide professionals that are there before, during and after a crisis.

THE COMMUNITY BENEFITS OF CP'S NORC MODEL

- Making it possible for greater numbers of seniors to age in place;
- Supporting building managers with difficult or at risk residents;
- Directly and indirectly serving resident's adult children by reducing stress and improving family relationships;
- Extending the length of time a person can live in their community;
- Maintaining community in a resident's building for an extended time thus supporting longer-lasting friendships and more physically and mentally active lives; and
- Helping seniors understand and apply for the government services for which they are eligible to receive, such as the new Medicare Part-D program.

THE DIVERSITY OF PROGRAM PARTNERSHIPS

- Our successful public-private partnership is one in which funding is supported by all 7 agency partners, the local county government, the State Government, the Federal Government, and philanthropic foundations.
- Currently we have active partnerships with the seniors, building managements, a social work agency partner, a recreation partner, a home health partner, a transportation partner, a research partner, and an information and referral partner.
- We are actively working on partnering with a local hospital, a grocery delivery service, a prescription delivery service and we are developing a shelter-in-place program with Montgomery County.

PROGRAM CHALLENGES EXPERIENCED

Sustainability is a particular challenge to launching new programming. This is why part of our demonstration will be geared toward testing a Membership ("fee-for-service") model this summer. The model will include program subsidies based on an assessment of ability to pay. Moving forward, CP services will be available only to the NORC residents through a "membership program." Later, we will expand the concept to incorporate a "family membership" program for adult children to support

their parents through CP services. We also plan to develop a program to engage the business community in financial support of the program.

Devising a workable transportation program has also been a challenge we are working toward rectifying. Transportation ranked very high in our baseline survey with the older adults, but ridership associated with our initial transportation model was low. This model was premised on a set route according to a set schedule. Through evaluation of the program, we found that the seniors were not enthusiastic with a one-size-fits-all transportation model that did not allow for deviation. We are now testing a ride coordination service we call Smooth Riding, which arranges rides for participants to medical and social appointments for a nominal fee. So far, we have found the service to be attractive to seniors because all arrangements for their rides are made for them, they get a reminder call, and providers are matched with the passenger's needs such as access to an escort or wheelchair lift. Seniors are thrilled to let the program staff handle issues such as rides that do not show up and paying the bill for them from their Smooth Riding account. In the future we will be looking at providing subsidies for medical appointments as this can be a proactive way of supporting aging in place. Transportation is very expensive and a frequent necessity for seniors with numerous medical appointments and limited access to transportation options.

LESSONS LEARNED FROM THE NORC DEMONSTRATION EXPERIENCE

In this process we have learned many things along the way. The most important thing we have learned is the importance of working proactively instead of reactively. Of course we respond to the immediate and more obvious needs of NORC residents. However, our focus is on building "pre-existing professional friendships." These are relationships that are established and maintained between a professional senior service staff member and a NORC resident. Such relationships allow for a different kind of intervention that creates opportunities for prevention. The following three examples illustrate the supportive nature of the CP program.

- CP has played an important role in helping several women after they lost their husbands. One woman lost her husband this past winter. Her life was directly affected as the result of CP staff making regular visits to her apartment the week following her husband's death. As a result of this relationship, although she had not regularly participated in CP programs previously, the woman now attends almost EVERY event. We believe her participation provides vital stability and structure in her life, especially during the difficult transition to living alone after 50-plus years of marriage.
- CP recently provided social work support after a NORC resident had a car accident. CP staff coordinated support services with her husband and adult children, visited her in the hospital and assisted with arranging for rehabilitation. This process went very smoothly because this woman and her husband had an existing relationship with CP staff. They had attended social excursions, discussion groups and health programs in their building. The couple felt comfortable and trusted the CP staff and, as a result, so did their children. In this case the entire family was able to benefit from the pre-existing relationship.
- One participant fell at the grocery store and made her way home alone. A CP staff member happened to run into her later that morning in her building. The woman was resistant to getting medical treatment but because she knew and trusted the staff member, she agreed to see one of our nurses who happen to also be in the building. The nurse did an assessment and convinced her to go to the Emergency Room, which she did. At the ER the woman received information about how to care for the bruising on her face. Had she been more seriously injured, the trip to the hospital would have been even more critical.

PROGRAM'S GREATEST BENEFIT

Many seniors express they feel forgotten by the communities in which they were once actively involved. Seniors tell us that before Community Partners came to their building, they had to deal with daily isolation and loneliness. In combating isolation, this is what some have told us:

- "The in-building discussion groups have helped. I was severely depressed about 6–8 months ago. Then I saw the big CP monthly calendar and attended a discussion group. I enjoyed it and started attending regularly because they significantly lifted my spirits and enabled me to become friends with more neighbors. I now attend almost all of CP's activities each month."
- "CP has helped me alleviate the loneliness that comes with living alone in a big apartment complex. The program has really helped transform my life and I am so thankful to CP. I go on every museum trip and to every lecture and to the social

work groups. I love volunteering to help with the monthly mailing because it helps the CP program and gives me a chance to talk with a circle of friends as we work together.”

- “CP helped me stay in my apartment during my building’s conversion to a condominium by connecting me to the right person in the County who could help me. I went from being told by the condo management that I did not qualify for an extended residency, to receiving a 2-year extension!”

CONCLUSION

There are significant challenges facing today’s seniors and the providers who serve them:

- Seniors have limited information about services and other helping organizations;
- Many experience barriers in accessing existing programs because of distance and transportation issues;
- Many face caregiving and aging issues without support and guidance; and
- Many lack basic accessibility to socialization and recreational opportunities.

NORCs are a national aging phenomenon that are the manifestation of the desires or consequence of the fact that the majority of older adults want, or by necessity, will age in place, even as they grow frail. Our demonstration has been an overwhelmingly positive experience for the older adults it serves and for the partnering providers, who, without this grant, would not have had the means or impetus to approach community services in such an innovative way. In this context, I hope that my experience and those relayed by my fellow panelists have provided you with insight and understanding into what I believe is an incredibly important model to serve the country’s aging population. I look forward to answering any questions you may have regarding my testimony, Community Partners, or NORC Supportive Services.

Thank you.

Senator DEWINE. Let me ask all of you this question. How do you coordinate with the Area Agencies on Aging? How does that work? Are you able to cooperate with them? Do they cooperate with you? What is the coordination? How do you deal with any kind of duplication of services? Anyone want to jump in, just go.

Ms. BURKE. I will be glad to start.

The Council on Aging of Southwestern Ohio, which is our Area Agency on Aging, is really a cornerstone in our community when it comes to aging services. And we are working with them right now to educate them further about the NORC concept and see how it can work well with their services they already offer.

We have local tax levies in Hamilton County and our surrounding counties that help support aging services. And that makes, I think, our program even more crucial because we can help direct the right person to the right program.

Senator DEWINE. Anybody else?

Ms. PIERSON. Actually I sit on the Baltimore City Commission on Aging, which is our AAA. So we have a close relationship with them. I also straddle Baltimore County and we have a good relationship with that AAA.

For instance with Medicare Part D, they were very involved in coming to our sites and we coordinated with them to have their SHIP counselors explain Medicare Part D.

So AAA has a lot of services that our clients can partake in but they do not get involved in the day-to-day local community programs that we offer.

Senator DEWINE. Anybody else?

Senator Mikulski? We are running out of time so I want to give you a chance to question.

Senator MIKULSKI. Know that I am suspicious of national programs. That might come as a surprise, oh big Democrat, big Government. But my observation of national social programs are this: money goes to the State. A chunk out of that for State overhead. Then money goes to local, chunk out of that for overhead, two layers of bureaucracy to apply. Third, there is always research and then training. And then when it comes to the service, it is usually the fifth thing.

What has been so great about what has been done here is money went directly to the locals, in coordination with the Offices on Aging, etc.

If you were doing a national program, how could we avoid the trickle-down but be able to do kind of the freshness, creativity, dedication that obviously was in each one of these programs that have been described?

This is not about programs. It is what you said, it is about people. And the effectiveness has obviously been because small amounts of money were leveraged for more money. But most of all, leveraged volunteerism, other things. It was not a lot of overhead.

Could you offer your thoughts? Ms. Pierson, you have worked for a variety of nonprofits and so on.

Ms. PIERSON. I am sitting here thinking, and thinking about the Older Americans Act and senior centers. As you went through the trickle-down I saw the money going like this, and I know how hard it is in Baltimore City for senior centers. So I really have to think about that.

I had not thought that you would have that viewpoint but I think you are absolutely right, that programs end up getting very structured over time. And this program has to be very fluid to be able to react to a neighborhood.

Maybe it is more like community development block grants, where jurisdictions have some leeway in how they provide the money to the local entity.

Senator MIKULSKI. Let me suggest a model and get the reaction, No. 1, for those who would want to do a NORC. Not everybody wants to and everybody has the social or administrative capability to do it. There are a variety of reasons to do something in the Older Americans Act, maybe even under the demonstration program. I am not sure, again I look for advice.

But where money is applied for for a local NORC, rather than going through a lot of administrative arms. And then to meeting certain Federal standards around exactly what you said, prevention, community-based, local partners in both providing service and additional funds, etc.

But would allow for the creativity and the flexibility to handle the wide geographic and other profiles that you presented to the committee.

Ms. Keller, Ms. Burke, do you think about that?

Ms. KELLER. I appreciate how you laid out—

Senator MIKULSKI. And maybe you think I am wrong.

Ms. KELLER. No, I think you are right, it is disturbing to us. We understand that the State does need some administrative money and the county or city needs some administrative money, and obviously the agency whose administering the program needs some ad-

ministrative money. But obviously, at the end of that stream, there is less money available to deliver programming to the people who really need it.

The other side of what we have now is a hit and miss situation where starting a program means putting some money in the front end to create it and then having to come back to generous and forward thinking Senators like both of you.

Senator MIKULSKI. We cannot keep doing this on earmarks. It is too unpredictable.

Ms. KELLER. Exactly, and what happened last, of course, it was unpredictable or perhaps predictable. But all of us who were looking forward to that money and that commitment ended up sitting empty-handed and having to figure out how they could stretch money or find some short-term funds. And now sit again this year and hope for the possibility of continuing their programs.

What a designated funding stream would mean is better ability to plan for a program, to do some real strategic planning, to be able to get past that front end. And I would support something that would set up a designated funding stream for these programs.

Senator MIKULSKI. I am going to offer another model. You know, we have 202 housing programs at HUD. And recalling when I was a HUD appropriator and I believe Senator DeWine, I do not know if you were on housing and banking, I seem to feel you were.

But organizations apply to do 202. It does not come through a lot of layers at HUD. And then often it is done through nonprofits like your Govans Ecumenical. It was the churches coming together for that wonderful new stadium place endeavor that is underway, Ms. Pierson.

Often it is the Associated. Very often it is faith-based that know programs, know how to do it, etc.

But the money to do the 202 housing does not go through a lot of organization, a lot of layers.

And I wonder if that is something that is a model?

Ms. BURKE. I think definitely that is a possibility. I think the Older Americans Act, in a lot of ways, is a natural place for this program.

Senator MIKULSKI. Oh no, we would not put it at HUD. No, no, because HUD does what HUD does and they have their own, the housing for the elderly. And I have a feeling Ohio is a lot like Maryland. A lot of that housing for the elderly were built in the 1970s and the 1980s. That, in and of itself, the buildings are aging. That is a whole another issue.

Ms. BURKE. I think though in our case what you are saying is the idea is how it is structured, to keep that flexibility and be true to the original principles of the NORC movement. A big part of that is that it is driven by the older adults that are in these NORCs.

In our case, I know the early speakers, there was some talk on the first panel about rural NORCs. In our community, we have been collaborating with other agencies such as ourselves, Claremont Senior Services, about Felicity, Ohio and Senior Citizens Incorporated about the African-American community in Hamilton, Ohio. And although their NORCs would look very different, I think that is the key to structure so that people can have that flexibility.

Senator MIKULSKI. See, that is what we want. I know one of the things that Senator DeWine and I share, which is big outcome, not necessarily big government. And then also a look to use the non-profit and faith-based networks, who seem to know how to leverage other money and other resources and often deal with suspicion.

A lot of what you have talked about is people letting them in homes. Certainly we see that in the rural areas. In the rural parts of my State, people will work with an ecumenical housing effort where they would never work with a Government effort. They would shun it.

And so that is what we are looking for, big outcome, not necessarily big government. I think you have given us some ideas.

Can I just ask this, and this is my last question. It was about lessons learned and best practices. But out of what you did, what was your biggest surprise about what worked and what might not have worked? Mrs. Shapiro?

Ms. SHAPIRO. What was our biggest surprise?

Senator MIKULSKI. Yes, when you actually ran the program now for a couple of years, about what worked from your regional conceptual model to what maybe did not work?

Ms. SHAPIRO. I think what worked the most and the way we are influencing people's lives on a daily basis is bringing people together and we do a building model. And they are now getting to know their neighbors that they have lived with for 20 years and never really knew except for going up and down the elevator and sitting in the lobby and passing by. Now they really know them. They know their names. They know their hobbies. They know their interests. They know about their families.

And when there is a crisis, they have an existing community that really was not there before.

Senator MIKULSKI. So it will be neighbor helping neighbor because neighbor now knows neighbor.

Ms. SHAPIRO. Yes, absolutely. Absolutely.

Ms. PIERSON. One of the biggest surprises I had recently, I looked at demographics and 30 percent of the people in our area have incomes below \$7,500 a year. Seniors are living on just SSI and poverty. I think one of our biggest successes is providing those people with joy and good living within their means. That is no small achievement for that group of people.

Senator MIKULSKI. No.

Ms. BURKE. We have had similar experiences, but I would say the biggest surprise to me is how open our property managers were to us. These are people—

Senator MIKULSKI. The private sector.

Ms. Burke [continuing]. In the business community. They want to keep their apartment buildings or condominium complexes, whatever it is they own, full. This is an alternative to them to help them do that. They welcomed us with open arms.

Ms. KELLER. And I will end on the biggest challenge, and that is a secure funding stream.

Senator MIKULSKI. We were surprised that the money got canceled last year.

Ms. KELLER. I think that has been the greatest difficulty. The successes are there. I think the program speaks for itself. Nobody

opposes it. But we need to find some sustainability to the funding to move forward.

Ms. SHAPIRO. Can I make one very quick comment, in just the time? One sentence.

What was very surprising to us was when we went to approach building managers and board of directors of condominiums. At first, many were very resistant and they turned us down. And others jumped on board right away and were willing to play guinea pig, if you will.

Those folks that turned us down are now banging down our door, please come serve us. The word-of-mouth is out there. I have got people from other States calling me, saying, "Can you come?" "When are you coming?"

I think that was a very telling surprise to us.

Senator MIKULSKI. Thank you.

There is a saying, all politics is local. But truly, all social services is. We have come up with some new language here.

But many people talk about assisted living. You have obviously taken hard to reach populations and you have helped them with assistance with living. So we are very proud of what you have done and you have given us a lot to ponder.

Thank you very much for your dedication and creativity and resourcefulness.

Senator DEWINE. Let me thank all of you very much. I want to thank both panels. Very good testimony, very helpful. We really, really appreciate you all coming in. It has been, I think, a very informative hearing for this committee. And you can tell that Senator Mikulski and I are both very interested in this subject.

Thank you very much.

[Whereupon, at 12:05 p.m., the subcommittee was adjourned.]